Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive

HSE West Service Plan 2012

Contents

Introduction from the Regional Director of Operations

The Health Service Executive (HSE) published the National Service Plan 2012 (NSP) on Monday 16th January following approval from the Minister for Health. This West Area Service Plan has been prepared in line with the NSP and follows the frameworks, performance targets, policies and standards laid out in the national plan.

Key principles underpinning the way we deliver services in 2012 include:

- Providing a safe and quality service is a key objective.
- Improving access to services and ensuring that the patient will be at the centre of everything we do.
- Delivering efficient and effective use of resources to ensure best value for money is achieved.

The West Service Plan sets out the type and volume of service that we will deliver either through direct services or through a wide range of agencies funded by the HSE. The service targets & cost measures outlined in the plan were carefully thought out so that we would be in a position to continue to deliver high quality responsive services close to the levels achieved in 2011. The following are the key priorities for 2012:

- Ensure the delivery of high quality and safe services
- Seek to maintain the overall levels of service provided in 2011
- Deliver the cost reduction and restructuring programmes to maintain these service levels on a reduced budget of €1.78billion.
- Implement the national clinical change programmes and new service developments
- Implement the new structures as outlined by the Minister for Health under the '*Programme for Government'* and to work with the Special Delivery Unit to reform the delivery of emergency services and reduce waiting lists.

In 2012, we will focus on a number of key areas in order to improve the effectiveness of services and make it easier for people to access the care or service they need in the most appropriate setting.

The focus this year will be on reshaping and remodelling health services in line with the 'Programme for Government' including the development of hospital networks with new governance structures, and stronger more integrated primary and social care sectors. HSE West is leading the way on this with the two new management structures already underway in the Galway/Roscommon acute hospitals group and the Mid West acute hospitals group, and further development is on the way in relation to the NorthWest Acute Hospitals.

Quality, Risk & Clinical Care

The HSE West is committed to delivering high quality services to all our patients and clients. An important task is to ensure that our services are safe. This is achieved through the implementation of a comprehensive quality & risk frame work and by mitigating risk in the operational health system. We will also ensure that where serious incidents do arise we manage our response effectively and implement appropriate measures in order to improve our systems. Ensuring compliance with national standards in relation to quality & risk will be an increasing focus for our services in 2012.

Putting the Patient First

The focus in 2012 will also be on standardising care and implementing proven solutions consistently, to prevent complications, reduce waiting lists and maximize the use of resources. This includes initiatives such as:

- Introduction of the Acute Medicine and associated Programmes.
- The productive operating theatre programme.
- The productive ward programme.
- Introduction of Surgical assessment units.
- Implementation of a range of initiatives to address inpatient and outpatient waiting lists.

Resources for 2012

The focus is on reducing costs while maintaining services. The budget reduction for HSE West amounts to €104.8m or 5.2% of the 2011 base budget. This excludes the reductions associated with staff retirements and the public sector moratorium.

A significant challenge in 2012 will be managing the reductions of staff arising from the early retirement schemes across all grades and locations. A full review will be undertaken in March to ensure that the effects of the retirement schemes are fully reflected and the contingency arrangements are in place and operating effectively.

Significantly increased income targets have also been set for 2012 and are a key part of the HSE West budgetary plan for the year.

Public Sector Agreement (Croke Park)

The Public Service Agreement provides the framework for delivering on the significant change programmes across the health sector during the course of 2012. It continues to provide an opportunity to further transform and modernise the health services by facilitating efficiency and productivity, reducing costs and improving quality. We will work closely with staff and staff associations to build on the work already undertaken in 2011. An outline of the range of planned changes is set out in the service plan.

Challenges

Our goal this year is to maintain service levels and deliver the highest quality services within the budget allocated; however there are important factors to be highlighted:

- The financial constraints in 2012 and the continuing public sector recruitment moratorium will challenge our ability to recruit certain categories of staff – significant flexibility in relation to reconfiguration and redeployment will therefore be needed in order to maintain frontline services.
- The continuing NCHD recruitment difficulties in many of our hospitals will pose challenges in the delivery of acute services.
- The 2011 deficits carried forward will add to the financial challenges in certain areas.
- Delivery on the cost reduction and service restructuring programmes is crucial for 2012 in order to maintain services at current levels with reduced resources.
- Maintaining the focus on patient and client services remains the key priority during the reform process.

Conclusion

HSE West has a strong tradition of delivering fully on our service plan targets. This is a reflection of the high calibre and the exceptional commitment of the individual staff and teams in the west and I wish to thank all staff for their contribution to date and look forward to the continuation of this commitment in 2012. I would particularly like to wish retiring staff this year a long and happy retirement after their many years of service across the West.

This service plan can only be delivered through the collective efforts of our staff across every care discipline and service. With the continuing pressure on funding and recruitment in particular; including the effect of the recent retirement and redundancy programmes it is more important than ever that we go that extra mile for our patients and service users.

John Hennessy
Regional Director of Operations
HSE West

Executive Summary: HSE West Regional Service Plan

Introduction

This executive summary of the HSE West Service Plan sets out the type and volume of services to be provided in 2012. The total allocation for Area West in 2012 is €1.78bn, with a staff allocation of 24,815 WTE.

The following are the key overall priorities for 2012:

1. Ensure the delivery of high quality and safe services.
2. Seek to maintain the overall levels of service provided in 2011.
3. Work with the Special Delivery Unit to reform the delivery of emergency services and reduce waiting lists.
4. Deliver the cost reduction and restructuring programmes to maintain these service levels on a reduced budget of €1.78bn.
5. Implement the national clinical change programmes and new service developments in each Care Group.

The budgetary challenge for HSE West in 2012 amounts to €104m and a staffing reduction of 784 WTEs by the end of the year. In recent years the service impact of budget reductions was offset by reductions in the rate of pay for staff. In 2011, reduced overhead, procurement, drug costs and a change to demand led schemes again reduced the impact on services. However in 2012 the cost reductions will primarily focus on our pay costs and on significant reductions in staffing levels. Health is very much a service provided by people to people, and consequently as our staffing levels reduce our capacity to provide services is coming under increasing pressure.

It is very clear that we have to significantly change how we provide services in order to provide the maximum amount of safe services possible with our reduced budget. In all our planning processes we have made every effort to ensure that those most vulnerable are protected. Activity levels are fully detailed in the main body of the West Regional Service Plan 2012.

Key Investments in HSE West 2012:

Despite the budget reductions affecting all services, HSE WEST is in a position to advance priority investments in maintaining and improving services during 2012 including:

- Investment in Clinical Programmes, including Stroke and Acute Medicine and the appointment of new Consultant Physician posts in Acute and Emergency Medicine, Geriatrics, Cardiology and Rheumatology.
- Additional long term care beds via the national €55m Fair Deal investment.
- Ring-fenced investment in Mental Health Services (from €35m national fund)[1].
- Disability Services - priority in autism services. €1m (national).
- The opening of the new Emergency Department in Letterkenny General Hospital.
- The opening of the new Critical Care facility in the Mid Western Regional Hospital.

Quality and Patient Safety

At a time of sustained reduction in resources it is essential that we maintain and, in fact, increase our focus and investment on quality and patient safety (QPS). In 2012 this will include improving governance and investing in maintaining and enhancing support at regional, area, and local level to assist staff to meet their responsibilities in providing safe services.

[1] No allocations made yet – pro-rata estimate for illustration purposes only

Resource Framework

Finance

It is important to acknowledge that a significant effort has been made this year to ensure that cost reduction measures are implemented in a way which minimises the impact on front line services at regional and local level.

Note 1 - Includes retraction of Fair Deal (in Cost Neutral) and childcare budget which is yet to be finalised

In order to deal with the budget reduction outlined above and the embedded deficit HSE WEST is required to reduce its costs by €104.8, which represents 5% of 2011 allocated resources.

Table 1. Summary of HSE WEST Finances for 2012						
	HSE West excluding Children and Family Services		Children and Family Services		Total HSE West	
	€'000	%	€'000	%	€'000	%
Final 2011 Spend	1931.5	95	100.7	5	2032.2	**100**
Final 2011 Budget	1907.2	95	90.2	5	1997.4	**100**
2011 Deficit	24.3	70	10.5	30	34.8	**100**
Total budget reductions 2011	-220.1	-12	4.6	+5	-215.5	**-11**
Opening 2012 budget	**1687.1**	**95**	**94.8**	**5**	**1781.9**	**100**
Budget Reductions made up of:						
1. Cost neutral/service neutral reductions	-159.7	99	-1.3	1	-161	**100**
2. Service budget impacting reductions	-60.4	111	5.9	+11	-54.5	**100**
	-220.1	102	4.6	+2	-215.5	**100**
Total Cost Reduction 2012						
1. Service Budget impacting reductions	-60.4	111	5.9	+11	-54.5	**100**
2. Increased cost pressures 2012	-23.0	99	-0.3	1	-23.3	**100**
3. Incoming deficit from 2011 (adjusted**)	-19.1	70	-8.0	30	-27.1	**100**
Total cost reduction 2012	**-102.5**	**98**	**-2.4**	**2**	**-104.9**	**100**
Reduction as % of 2011 spend		5		2		**5**
Total agency and overtime cost 2011	78.9	99	1	1	79.9	**100**
Expected min staff reductions 2012	-33.6	97	-1.1	3	-34.7	**100**

*** The incoming deficit from 2011 is adjusted to reflect improvements or dis-improvements in the level of monthly expenditure during the third quarter of 2011 and therefore is different from the total 2011 deficit*

Human Resource and Workforce Management (HR)

The 2011 year-end employment control position was within ceiling by 338 WTE with an out-turn of 24,815 WTE.

The employment control framework will remain in place during 2012 as a key element of the National Recovery Plan. The 2012 plan provides for a further reduction of 784 WTE (3%). The present position is that 683 staff (615 WTE) are expected to retire by the end of February 2012 under the End of Grace period retirement option. Therefore, there is a requirement for a further reduction of 169 WTE by the end of 2012. In addition there is a requirement to reduce Agency costs by 50%. However, additional staff will be recruited in 2012 in the areas of Mental Health, the filling of key vacancies in Primary Care and continued recruitment to support the HSE National Clinical Programme in Acute Hospitals.

HSE West has worked closely with staff and staff organisations to deliver the necessary changes required during 2011 and will continue to build on this in 2012. With a permanent reduction in the overall levels employed in our services, staff will be required to prioritise to ensure that the impact on front-line services is kept to a minimum. Such an approach will require redeployment and reassignment across all our services.

Implementing Change Programmes

The Public Sector Agreement (PSA) continues to provide the framework for delivering on this significant change programme across the health sector. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing costs and improving quality.

A major theme of this Service Plan is to continue the implementation of the National Clinical Programmes. In addition to these national programmes, our reconfiguration plans for the acute hospital services and rostering/staffing level changes will continue as a key part of the change programme in the West. A range of change programmes will also be implemented across our social care services and care groups. The implementation of the change programmes will support the restructuring and development of service across primary, community and hospital services to focus on the complete needs of the patient or client, while providing a more responsive and accountable service.

In 2011 HSE West delivered major change programmes in both acute and community services, eg:

- The reconfiguration of services in Roscommon County Hospital (and previously in Ennis and Nenagh Hospitals) has seen the benefits of the centralisation of acute medical, surgical and emergency medical services into larger hospitals, with the smaller hospitals moving to the provision of locally accessible planned services, diagnostics and day patient care.
- The implementation of the Clinical Care Programmes has commenced with the rollout of Acute Medicine, Emergency Medicine and Stroke Care Programmes across HSE West.
- Executive Clinical Directorates were established in Mental Health.
- The formation of the five service areas in the region has facilitated more integrated and responsive services for patients and service users.

Service Delivery

Primary Care Services

The aim of the Primary Care Services is to manage the health of the population as far as possible within a primary care setting, with the population very rarely requiring admission to a hospital. Primary care services are delivered through a structure of Primary Care Teams (PCT) operating within a wider Health and Social Care Network (HSCN). The HSE West region also works with the Primary Care Reimbursement Service (PCRS) which provides a wide range of primary care services across 12 community health schemes to the general public, through 6,500 primary care contractors nationally.

Primary care does not involve any significant level of residential services, and compared to other care groups the level of agency and overtime involved is significantly lower. The main service areas are the Primary care teams, Child Health Services (Immunisations and Development Screening), School Health Services (Immunisations and development screening), Community Led Geriatrician Teams, Community Intervention Teams, GP Out of Hours and GP Training. In HSE West staff reductions in primary care services will be offset by a share of national funding of €20m, which has been

ring-fenced by the Minister of State with responsibility for primary care to fill as many vacancies as possible and to expand existing arrangements where sessional services are provided by allied health professionals.

In 2012 we will: -

- Operate within a budget of €231.3m.
- In order to deal with the budget reduction outlined above and the embedded deficit, HSE West is required to reduce costs by €5.1m, which represents approx 2% of 2011 allocated resources.
- Provide 238,415 GP Out of Hour contacts.
- Maintain the number of orthodontic patients receiving active treatment at 2011 levels – 3,745.
- Improve Child Health Immunisation Programmes as recommended by the national programme.
- Continue Child Health Screening and Development Programmes, prioritising children less than 1 year and vulnerable families.
- Provide 115 Primary Care Teams (PCTs).
- Progress the development of Health and Social Care Networks (HSCN) necessary to support the PCTs in the provision of specialist community based services and care groups services. This will include services such as social inclusion, mental health, disability, older people and child protection amongst others.
- Continue training on GP Training Schemes.
- Continue health promotion development in schools, the workforce and the community.
- Continue to provide funding for the GP Out of Hours cooperatives NoWDOC, ShannonDoc and Westdoc - albeit at reduced funding levels compared to 2011. We will continue to review with a view to creating greater efficiencies between the three services.
- The recommendations of the National Review of the Public Health Nursing Service will inform and assist HSE Areas to allocate resources, maximising nursing staff allocation, supervision and skills mix across PCTs and specialist HSCN teams.
- Continue implementation of the National Audiology Review, including establishing a Regional Audiology Service and roll out of the National Newborn Hearing Screening programme within HSE West.
- Work is underway nationally and regionally to clarify community supports including aids and appliances administered by local regions and areas and charged to PCRS. This plan assumes that any adjustments resulting from this work will be cost and service neutral during 2012.

Acute Hospital Services

In partnership with all key stakeholders, a range of inpatient, outpatient and day case services will be provided by the acute hospitals in HSE West to a population of 1,019,658, and to a broader population for certain specialist services. In 2012 HSE West will establish hospital groups (networks) as a precursor to Trusts as part of the governments health reform programme. Currently HSE West has two newly established hospital groups in the Galway/Roscommon Hospital Group and the Midwestern Hospital Group.

Activity levels for inpatient discharges and day cases in 2012 will be reduced by 3% overall. Emergency activity, although demand-led has reduced in 2011, due to hospital avoidance initiatives, and it is anticipated that this trend will continue. Dialysis treatments are purely demand-led and are expected to continue to rise.

The role of the smaller hospitals in the region will be reviewed in the context of ongoing transformation plans, but with a view to moving routine work out of the larger centres. Cost containment strategies will include reducing agency staff costs and optimising permanent staff rosters.

In 2012 we will: -

- Focus on improving timely and equitable access to services and work with the Special Delivery Unit (SDU) to improve waiting times for emergency services and scheduled/planned care.
- Operate within a budget of €750m, which is €61.5m less than the 2011 budget. This is an average across all of the acute services; for individual figures please refer to the Resource Framework chapter.
- In order to deal with the budget reduction outlined above and the embedded deficit, Acute hospitals will need to reduce costs by €81m in 2012, which represents approx 10% of 2011 allocated resources.
- Significantly reduce the level of agency/overtime from 2011 levels.
- Provide for 144,077 inpatient discharges and 170,210 day case discharges, - total combined 314,287.

- Provide for 15,969 births.
- Provide 521 dialysis treatments (haemodialysis and home therapies), an increase of 44 treatments on the outturn 2011.
- Prioritise unscheduled care (ED trolley waits) particularly in the peak capacity pressure periods.
- Comply with the new nine month target for scheduled care.
- Prioritise urgent elective/planned cases including relevant cancer cases in gynaecology and other specialities to ensure they are not negatively impacted.
- Invest €5.9m in National Clinical Care Programmes.
- Roll out phase 2 of the smaller hospitals framework.

Older People Services

In line with national policy, our aim is to maintain older people in their own homes for as long as possible and where this is not possible, to provide high quality residential care, appropriate intermediate rehabilitation and respite beds.

In HSE West we will maintain and where possible enhance (by means of reconfiguration of public long term care capacity) the provision of intermediate care beds (complex discharge, respite, rehabilitation, step-down etc).

We are committed to keeping as many of our public long term care beds open as far as practical during 2012. However, given the scale of the financial challenge and our ability to deliver safe services due to the reduction in staff, the closure of some beds may be necessary. We propose to safely and appropriately limit the closure to a maximum of 132 long term beds. The number of bed closures will be determined based on service viability and client choice which will be reflected by bed occupancy levels and continued funding at current cost of care rates. Currently two of our public units are being considered for cessation of residential care. Day and respite services may continue at these locations subject to sustainable staffing levels. A decision to close units will only be made following a process which will involve consultation with residents and their families. There will be a requirement of 6 months notice to HIQA before unit closure.

In 2012 we will: -

- Operate within a budget of €172.5m.
- Reduce costs by €8m which represents approx 3% of 2011 allocated resources.
- Deliver 5,715 beds/places under NHSS in 2012 (Fair Deal).
- Significantly reduce the level of Agency/Over Time from 2011 levels.
- Provide home help services for 13,460 clients – 3.1m home help hours.
- Provide home care packages to 2,238 clients.
- Enhance assessment and decision making process for long term residential care placements, to ensure the full range of support options (home care/respite/rehabilitation/intermediate care) are explored before long term care is deemed necessary.
- Maintain and where possible increase intermediate care bed capacity (step up/step down, respite and rehabilitation).
- Provide day care services at 141 centres.
- Work with the National Clinical Programme for Older People to move towards an improved and more integrated model of care.
- Participate in the National Review of Home Support.

Mental Health Services

HSE West provides a broad range of acute, community and specialised Mental Health services for children, adolescents, adults and older people. Our strategic objective is to provide timely access to appropriate primary/community and secondary care mental health services thereby supporting people's recovery from mental illness.

We will continue to reconfigure acute and other inpatient services in line with *A Vision for Change* and strengthen Community Adult and Child and Adolescent Teams, as part of the €35m Programme for Government investment in mental health. Efficiency measures will occur as a result of the reconfiguration programme. Mental health services in HSE West are under considerable pressure as demand for services continues to grow.

In 2012 we will: -

- Operate within a budget of €186m.
- Reduce costs by €2.7m or 1.3% in 2012.
- Reduce acute bed capacity at Ballinasloe (15 beds), Sligo (10 beds), Galway (8 beds) and Clare (19 beds) on a phased basis as recommended in Vision for Change.
- Review and rationalise long stay beds in Limerick (St. Joseph's Hospital) and supervised residential facilities in Sligo, Limerick, Galway, Mayo and Clare.
- Significantly reduce the level of agency/overtime from 2011 levels.
- Continue to maintain and enhance community based mental health services in the context of HSE West allocation from the €35m national funding provided for mental health in the National Service Plan.
- Ensure the Child and adolescent acute inpatient unit is open to full capacity in Merlin Park, Galway.
- Provide 3,700 inpatient hospital places.
- Provide 14 Child and Adolescent Community Mental Health Teams.
- Provide accommodation for clients in more appropriate care settings within the level of available resource. Staff released through inpatient bed reductions will be redeployed to support the development of community-based services including the filling of vacancies to agreed levels.

Disability Services

The HSE West provides a range of health and personal social services in partnership with the non-statutory sector service providers to children and adults with disabilities. In recent years service provision has been moving towards a community based and inclusive model in line with the National Disability Strategy 2004. The emerging DoH policy direction in 2012 (*Value for Money and Policy Review)* coupled with recommendations from HSE national working groups will further the independence of people with disabilities in a manner which is efficient and cost-effective.

The financial allocation for the disability service will reduce by 3.7%, at least 2% of which will be achieved through service efficiencies from both HSE and non-statutory service providers. In HSE West we will work to minimise the impact on clients' services in so far as is practical. We will maintain existing levels of personal support/home support hours and progress alternative models of care with less reliance on residential care. In reducing costs in 2012, we will strive to meet the challenge of providing for school leavers and emergency placements. We will benefit from €1m national investment for autism services, provided in the National Service Plan.

In 2012 we will: -

- Operate within a budget of €345.2m.
- Reduce costs by €13.2m or by 3.7% of 2011 levels.
- Provide 589,889 personal assistant / home support hours – maintain projected outturn 2011.
- Provide 2,456 residential places.
- Provide 47,627 respite nights.
- Provide day services to 6,456 clients.
- Progress alternative and innovative models of respite provision with less reliance on residential care.

Children & Family Services

Under existing legislation, [Child Care Act, 1991] the HSE has a statutory duty for the care and protection of children and their families. In partnership with non statutory service providers, HSE West provides a range of health and personal social services to children and their families. The primary focus in 2012 is the implementation of the comprehensive (national) change programme. Under the Programme for Government, this will see Children & Family Services move to a new agency in January 2013. New governance arrangements for Child & Family Services in HSE West came into effect on 1st January 2012.

In 2012 we will: -

Operate within a budget of €94.8m.

- Reduce costs by €2.4m compared with the 2011 outturn.
- Ensure that due diligence work is completed effectively in preparation for transfer to the new Children & Families Agency in 2013. In doing so, we will seek to maintain the maximum amount of integration practical before and after this change.

- Achieve 100% compliance for children in care with an allocated social worker, written care plan and care plan reviews.
- Achieve 100% compliance for foster carers who are approved and have an allocated social worker.
- Protect pre-school services.
- Seek reductions in the cost of external placements.
- Optimise HSE residential units.
- Maintain, and where possible increase capacity in High Support/Special Care areas.
- Achieve efficiencies in terms of better rostering, reductions in overtime and agency, reduced absenteeism and enhanced skill-mix.

Palliative Care Services

Palliative care improves the quality of life of patients and their families, facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. In recent years, the scope of palliative care has broadened and includes supporting people through non-malignant and chronic illness, in addition to cancer related diseases. Palliative care provides the best possible quality of life for patients and their families when their disease is no longer responsive to treatment. Services are provided directly by the HSE and in partnership with voluntary agencies via a service level agreement.

In 2012 we will: -

Operate within a budget of €17.2m.

- Provide 56 specialist palliative care inpatient beds.
- Provide 1,233 admissions to specialist palliative care inpatient units.
- Provide 941 specialist palliative care supports in the community to maintain 2011 activity levels.
- Complete the recruitment process for 1 Outreach Nurse in the MidWest (Irish Hospice Foundation).

Social Inclusion Services

Social Inclusion Services improve access to mainstream services, target services to marginalized groups, address inequalities in access to health services and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. Efficiencies will be achieved in non pay expenditure in core budgets. However, reductions to voluntary agency budgets will lead to some service reductions.

In 2012 we will: -

- Operate within a budget of €14.1m.
- Significantly reduce the level of agency/overtime from 2011 levels.
- Provide methadone treatments to 290 clients.
- Provide services for 205 homeless people.
- Provide Traveller Health screening as per the allocation from the 1,650 national figure.

Capital Projects Planned for completion in 2012

Care Group	Facility	Project Details
West		
Critical Care	Mid West Regional Hospital, Limerick	Provision of a new critical care block linked directly to the main theatre block. Includes two floors (shell only) and car parking underneath.
Paediatric care	University Hospital Galway	Neo natal upgrade.
Acute	Mayo	Upgrade/replacement of fire detection system.
Acute	Sligo	Replacement radiology equipment.
Medical Block	Letterkenny	New medical block including ED, 19 bays and Acute Assessment Unit, 11 bays, plus three x 24 bed wards.

Care Group	Facility	Project Details
Ambulance	Tipperary Nth (Thurles)	New ambulance station.
Ambulance	Tipperary North (Nenagh)	New ambulance station.
Ambulance	Galway (Tuam)	New ambulance station.
Mental Health	Ballinasloe	Provision of high support hostel accommodation for residents (x12) with intellectual disability currently on St Brigid's Hospital campus
PCCC	Stranorlar	Phase 1 – Refurbishment of St. Joseph's Hospital Stranorlar as Local Area Headquarters.
Primary Care	- Limerick	New Primary Care Centre
	- Athenry, Co Galway	New Primary Care Centre
	- Castlerea, Co Roscommon	New Primary Care Centre
	- Monksland, Co Roscommon	New Primary Care Centre
	- Glenties, Co Donegal	New Primary Care Centre

Resource Framework

Finance

Table 1 below sets out the computation of the HSE West 2012 Allocation:

Table 1: Allocation 2012

	€m	€m
2011 Allocation		**1997.4**
Once Off Adjustments		-4.3
Pay Adjustments		
2012 Retirements (Moratorium)	-34.7	
Exempt Grades	3.5	
Premium Pay Reductions etc.	-8.0	
		-39.2
Non Pay Adjustments		
Procurement Efficiencies	-11.2	
Mental Health Efficiencies	-3.7 -	
Childcare Efficiencies	1.9 -	
Multi Care Group Efficiencies	1.9 -	
Child care & Fair Deal net Top-slice	20.7 -	
Hospital Efficiencies	6.8	-46.2
Income Adjustments		
Increase in Charges	-4.2	
Legislation Private Patient	-16.5	-20.7
Sub Total Adjustments 5.5%		-110.4
Budget Transfer		
Fair Deal Public Nursing Homes		-105.1
2012 Allocation		**1781.9**

The 2011 final allocation of €1997.4m is reduced by €4.3m in respect of funding given annually or on a once off basis which will be returned during the year.

Under the pay heading there is a Moratorium reduction of €34.7m in respect of an estimated 784 staff - 680 are expected to retire during January and February of 2012 to avail of the public service pension reduction exemption. These staff will not be replaced and workload will have to be reorganised and redistributed to a restructured workforce in accordance with the Croke Park Agreement. A sum of €3.5m has been returned to provide funding for the filling of posts in the exempt medical and para medical grades

A premium pay savings target of €8.0m has been set for reductions in Agency, Overtime, Premium payments and sick leave etc. Under the non pay heading there is a general efficiency savings target of €11.2m, the bulk of which is expected to be achieved through the National Procurement Process of contract price reductions, logistics and inventory management. These cost saving measures are not expected to impact on front line services. In addition there are further efficiency savings targets set for Mental Health (€3.7m), Childcare (€1.9m), Hospitals (€6.8m) and multicare (€1.9m). There is also a net top slice of €20.7m towards funding for the new national Children and Family Support Agency and the national Nursing Home Support Scheme (Fair Deal).

On the income side there are three measures outlined in respect of private patient charges. First there is a €4.2m target set for an increase in charges. A further target of €14.9m has been set for accelerated collection of existing charges which will result in an improved cash flow position. This is not a budget reduction. The Government also propose to

introduce legislation to allow the HSE charge for all patients who opt for private treatment irrespective of which bed they occupy. At present the HSE can only charge for patients in designated private beds.

The budget transfer for Fair Deal of €105.1m is in respect of the transfer of all funding in respect of long term elderly residential care beds to the National Fair Deal budget. This figure remains under discussion at the present time. Preparations are also underway for the transfer of the Childcare budget to the proposed new Agency.

At national level the Government have provided an additional €35m for mental health services in line with the Programme for Government commitment. We also await the final allocation in respect of the national Clinical Programmes and we will review the resource allocation issue in February.

2012 Financial Challenge

For this purpose we assume that the Moratorium and Income measures will be cost neutral which will leave a financial challenge as set out in Table 2 below:

Table 2: Financial Challenge 2012

	€m
2011 Run Rate deficit c/fwd	27.1
2012 Budget Reductions	54.5
Other Cost Pressures: Increments VAT (2% increase) Transport (non ambulance) Fair Deal (estimate)	 5.2 5.1 2.0 11.0
Total Challenge (5.2%)	104.9

The run rate deficit of €27m coming forward from 2011 will require further cost containment measures to be put in place in the hospitals. We will also be required to deal with other unavoidable costs such as inflation, and the EU Agency Workers Directive, which grants all temporary agency workers equal treatment in terms of working and employment conditions as directly employed staff.

Individual 2012 Hospital and LHO Budgets follow.

Acute Hospitals	2011 €'000's	2012 €'000's
West / NorthWest Hospitals		
Galway University Hospitals	251,624	231,016
Mayo General Hospital	76,293	69,874
Portiuncula Hospital	41,095	38,114
Roscommon County Hospital	18,914	17,652
NHO HQ & E112	5,911	8,031
Sligo General Hospital	98,011	91,660
Letterkenny General Hospital	97,007	92,697
NW Regional	316	316
West / NorthWest Hospitals Sub Total	***589,172***	***549,360***
Mid-West Hospitals		
St John's Hospital, Limerick	17,626	15,849
Limerick Regional Hospital	138,059	123,188
Mid-Western Regional Maternity Hospital, Limerick	15,705	13,646
Mid-Western Regional Orthopaedic Hospital, Croom	9,824	9,083
Mid-Western Regional Hospital, Nenagh	17,976	16,715
Mid-Western Regional Hospital, Ennis	19,652	18,678
Network Manager/Orthodontic	3,571	3,490
MidWest Hospitals Sub Total	***222.414***	***200,649***
Acute Sub Total	**811586**	**750,010**
Primary, Community and Continuing Care	**2011 €'000's**	**2012 €'000's**
Galway	238,424	214,275
Mayo	155,915	130,743
Roscommon	67,804	53,818
West Regional	8,186	19,135
Donegal	160,680	137,471
Sligo/Leitrim	155,405	129,637
North-West Regional	101	94
Clare	99,300	85,218
Limerick	170,699	145,494
Tipperary	122,263	108,980
HR RDO	7,047	6,977
Local Health Office/HR Total	**1,185,824**	**1,031,840**
HSE West Total	**1,997,410**	**1,781,850**

Area Management Structure	2011 €'000's	2012 €'000's
Galway Roscommon Hospital Group	311,633	286,783
MidWest Hospital Group	222,416	200,648
Galway Roscommon PCCC	306,228	268,092
Mid West PCCC	392,261	339,691
Donegal ISA	257,687	230,168
Sligo/Leitrim ISA	253,416	221,297
Mayo ISA	232,209	200,617
Regional HQ/HR	21,561	34,552
HSE West Total	**1,997,410**	**1,781,850**

Human Resource and Workforce Management

The *Public Service Reform* Plan, November 2011 will have an overarching impact on Human Resources and Workforce Management across Health Services for the next four years commencing in 2012. The *Public Service Reform Plan* states *public services are essential to the functioning of our economy and society. However, it is clear that they must be radically reformed in light of the challenges that we face.* Maximising the role of staff to deliver on the objectives of this Plan will require strong leadership, focus and direction in 2012. Against a continued and increased backdrop of reduced budget and staffing resources in HSE West, the challenge will be not only to maintain access, quality and safety of services but to continue to reconfigure and develop services to meet changing health needs of the population of HSE West. A robust Workforce Plan is critical to maximise and mobilise staff to deliver the objectives of this Plan.

Key Priorities 2012

- Implementation of the Public Service Agreement
- Implementation of February 2012 End of Grace Retirement Option and Contingency Plans
- Adherence to the Employment Control Framework
- Focus on Absence Management
- Implementation of the Performance Management System
- Effective Cost Containment Measures
- Stable Industrial Relations

Public Service Agreement (PSA)

The PSA provides the Framework for the continued delivery of significant transformational change across HSE West during 2012. The potential to deliver changes under the PSA must be maximised in 2012, to facilitate a reduction in staff numbers with increased efficiency and productivity, reducing costs, improving quality and assisting in the delivery of the Government's Change Agenda and Reforms. A new Health Sector Action Plan will be developed in early 2012 for the implementation of the PSA. In 2012 the following will be advanced:

- Redeployment/ reassignment of staff to reflect service needs
- Reconfiguration and integration of services in:
    - Older person services
    - Disability services
    - Mental Health services in keeping with *A Vision for Change*
    - Development and implementation of clinical care models in hospital and community settings.
- Implementation of Standardisation of Annual Leave Arrangements in accordance with Department of Public Expenditure and Reform Agreement.
- Revised Rostering Arrangements: the development of new rostering arrangements to include a review of staffing levels and skill-mix.
- Integrated Shared Services for HR, IT, Infection Control, Salaries, Maintenance and Procurement.
- Radiography Services; implementation of Labour Court recommendations to enable alignment of diagnostic services, service and access requirements, through an extended working day and increased efficiency within the existing working day.
- Clinical Programmes: the implementation of clinical programmes will continue across a wide spectrum of services in hospital and community settings
- Cost Containment Measures: the HR Employee Relations Service will work closely with Senior Service Managers and Unions on the implementation of Cost Containment / Service Reconfiguration measures including:
    - Reduced agency costs/ 50% reduction target
    - Reduced overtime costs through development of new rosters
    - Provision of cross cover arrangements
    - Implementation of NCHD Workforce plan to address overtime/agency issues, EWTD, rostering, skill mix and training

Other specific service delivery examples are contained throughout this Plan that reflect the PSA and will involve significant support from HR to Service Managers and comprehensive engagement with Union Representatives.

Employment Control Framework and Estimated Ceiling 2012

The Employment Control Framework (ECF) will remain in place during 2012 as a key element of the *National Recovery Plan* and *Public Service Reform Plan*. The purpose of the ECF is to reduce public service numbers, maximise efficiency

and support the transformation of services in line with Government Policy in response to the economic climate. The employment control environment in 2012 will demand even more for less in terms of employment numbers and costs.

HSE Area West operated within the approved reducing employment ceiling throughout 2011 with a year-end out-turn of 24,815 - 338 within ceiling. The 2012 employment target reduction is 784. This will require robust and responsive employment control, with accountability from all Services Managers. Reconfiguration and integration of services, reorganisation of existing work and redeployment of current staff as provided for under the PSA through a consultative process will be required to achieve the employment control target and deliver on government policy on public service numbers within the current budgetary allocation. The employment control framework is being broadened to address workforce issues such as overtime, agency usage and costs, and cost of allowances.

Consultant Employment

Since 2009, there has been an increase in employment levels for Medical Consultants (up 34 on 2009 baseline) and these increases will further accelerate as a result of the number of Consultants approved posts under the Clinical Programmes. There will be a need to offset this growth in both employment terms and pay costs in 2012 by re-balancing NCHD numbers and through reductions on medical overtime and agency/locum.

Overtime and Agency Usage Policy

The transposition of the *EU Temporary Agency Directive* into Irish law will have a significant potential cost implication on the usage of agency staff across the Health Services. In adhering to the Directive, there will be a particular focus to reduce the overall expenditure on agency staff in 2012 (50% reduction target). Careful monitoring of the employment ceiling will continue and if there is scope to substitute through recruitment and employment of staff at lower than agency costs this will be considered. In 2012, there will be a continued emphasis on reducing volumes of overtime and agency usage across all staff functions. Agency staff should only be utilised if there is sufficient funding and on a short term basis. Overtime and agency staff are not to be used to support service levels beyond those agreed in this Plan or to substitute for staff losses as a result of the need to reduce Health Sector employment.

Absence Management

This is a key priority issue for Human Resources. The Area West average absence rate of 5.65% is slightly higher than the National average of 5.41%. A National benchmark of 3.5% has been established as a target. A HR and Senior Management Task Group combined with Frontline Services Management has been formed. The purpose of the Task Force will be to manage and reduce absenteeism in HSE West to:

- Focus on locations/staff categories where the absence rate % is significantly higher than average absence rates.
- Implement a multi-disciplinary, cross-functional, 'per site' interventions targeted at specific groups, managers and categories of staff to lead to a decreased absences rate.
- Support local managers to manage absence more effectively
- Identify, plan and develop organisational supports required for the management of attendance in the workplace.
- Specific targets are set to be reached within a specific timeframe with action plans agreed with Local Management.

Performance Management System (PMS)

The *Public Service Reform Plan* places emphasis on organisational performance, leadership and individual /team performance. Performance management requires clarity about accountability, direction and leadership. Effective performance management is essential to implementing this Plan, identifying strengths and weaknesses of our workforce, developing stronger and more effective team performance management and supporting staff to up-skill/re-train to meet the needs of the service. A robust PMS commencing with senior management grades across all disciplines will be implemented during 2012 to cascade down into the future to ensure that there is a single shared context within which performance is appraised and improved.

Stable Industrial Relations Climate

The challenges posed by the budgetary situation and PSA change agenda have the potential to undermine the industrial relations climate across Health Services in 2012. The union management consultative and engagement structure from local engagement on specific issues, to Union Management Forums in the Mid West, West and North West Areas and the overall HSE West Management Union Steering Group will be central to maintaining an integrated communication and consultative structure. The operation of the Health Service Implementation Body (HSIB) and the National Joint Council (NJC) will continue to play a positive role.

Potential Risks to Delivery of the Regional Service Plan

This section identifies, where possible, the impact of pre-existing or future risks to the delivery of planned service levels outlined in this plan. Potential risks to delivery include:

Service Risks

- The HSE has provided for expected levels of demand for community drug schemes on agreed assumptions for 2012. There is a risk of under estimation of unanticipated additional demands.
- *A Fair Deal* is a cash limited scheme. There is a risk that the resource available may not be adequate to meet demand. This would have an impact upon hospital and community services.
- The implications of the awaited *National Standards for Safer, Better Healthcare* have been taken into account, in as far as possible, but a full the impact is not yet known.

HR Risks

- The availability of adequate staff numbers and types available to deliver services based on the ongoing impact of the moratorium, of retirement levels associated with the 'end of grace' period of 29 February 2012, together with loss of staff generally impacting on front line service delivery.
- Significant challenges in maintaining staffing in key specialties and locations and maximising potential staff flexibility through the *Public Service Agreement*.

Finance Risks

- NSP2012 includes large cost reduction targets, the achievement of which is critical to delivering a balanced vote. There is a risk that services will struggle to meet the targets set. The timing of legislation is critical to the successful delivery of community drug schemes and income targets.
- HSE ability to control the costs of health technology and medicines.
- The absence of a single national financial system and the HSE's dependence on multiple disparate / standalone or legacy systems render data less reliable. This is problematic in an environment where the vote is being broken into care groups and systems struggle to support this.

We will actively monitor and assess all of these and other risks that emerge as 2012 proceeds and, depending on their impact, may need to adjust planned service levels during the year to ensure we operate within allocation.

Monitoring and Measuring the Regional Service Plan

Performance evaluation and management is a cornerstone to the improvement and more efficient delivery of health services. We are committed to the evaluation and the management of performance at all levels. Progress has been made in this plan to incorporate links between funding, staffing, and service priorities and an improved set of activity measures, performance indicators and deliverables in key service areas have been included. This plan sets out information at regional and HSE area/care group level on performance expectations.

Performance indicators (PIs) and agreed targets for activity during 2012 are set out in each of the care group /programme sections. A sub set of key performance indicators is represented by the performance scorecard. Progress will be published at specified intervals. Other data sets may be retained and used at regional or care group / programme level for performance management purposes and will be available as required. During 2012 a number of improved or new measures will be developed to support us in measuring:

- Targets as set out under the Special Delivery Unit in the areas of quality & access to emergency and planned care.
- Measures in relation to outpatients and diagnostics will also be developed with the SDU during 2012.
- The implementation of the National Clinical Programmes.
- Enhancement of services such as immunisations, primary care and cancer services.
- Outcomes for people with disabilities and for people who may be socially excluded.

Stringent processes are in place in HSE West at regional level to monitor compliance with this regional plan. HealthStat, an operational performance information and improvement system for regional and local managers, reports a joint view on the performance of hospitals and community areas at regional level. All our performance reports are published monthly on www.hse.ie.

NSP 2012 Performance Scorecard

	Acute Care Programme Areas		Non-Acute Care Programme Areas	
	Performance Indicator	**Target 2012**	**Performance Indicator**	**Target 2012**
Quality	**HCAI** Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	< 0.067	**Health Protection** % of children 24 months of age who have received three doses of 6 in 1 vaccine	95%
	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 3.0	% of children 24 months of age who have received the MMR vaccine	95%
	Re-Admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%	% of first year girls who have received the third dose of HPV vaccine by August 2012	80%
	Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%	**Child Health** % of new born babies visited by a PHN within 48 hours of hospital discharge	95%
	Stroke Care % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	At least 7.5%	% of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	95%
	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%	**Child Protection and Welfare Services** % of children in care who have an allocated social worker at the end of the reporting period	100%
	ACS % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	50%	% of children in care who currently have a written care plan, as defined by *Child Care Regulations 1995*, at the end of the reporting period	100%
			Primary Care No. of Health and Social Care Networks in development	79
Access and Activity	**Unscheduled Care** % of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	**Child and Adolescent Mental Health** % on waiting list for first appointment waiting > 12 months	0%
	% of patients admitted through the ED within 9 hours from registration	100%	**Disability Services** No. of PA / home support hours used by persons with physical and / or sensory disability	1.64m
	Elective Waiting Time % of adults waiting more than 9 months for an elective procedure	0%	**Older People Services** % of complete NHSS (*Fair Deal*) applications processed within four weeks	100%
	% of children waiting more than 20 weeks for an elective procedure	0%		
	Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy	0	No. of people being funded under NHSS in long term residential care at end of reporting month	23, 611
	% of people waiting over 3 months following a referral for all gastrointestinal (GI) scopes	≤ 5%	No. of persons in receipt of a Home Care Package	10,870
	ALOS Medical patient average length of stay (ALOS)	5.8	% of elder abuse referrals receiving first response from senior case workers within 4 weeks	100%
	Delayed Discharges Reduction in bed days lost through delayed discharges	Reduce by 10%	**Palliative Care** % of specialist inpatient beds provided within 7 days	91%
	Cancer Services % of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral	95%	% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	79%
	% of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral	90%	**Social Inclusion** Traveller Health – No. of clients to receive health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) through the Traveller Health Units / Primary Health Care Projects	1,650
	% of patients undergoing radiotherapy treatment for breast, prostate, lung or rectal cancer who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist	90%		
Resources	**Finance**		**Human Resources**	
	Variance against Budget: Income and Expenditure	≤ 0%		
	Variance against Budget: Income Collection	≤ 0%	Variance from approved WTE ceiling	≤ 0%
	Variance against Budget: Pay	≤ 0%	Absenteeism rates	3.5%
	Variance against Budget: Non Pay	≤ 0%		
	Variance against Budget: Revenue and Capital Vote	≤ 0%		

Improving Quality and Delivering Safe Services

Introduction

Designing and delivering high quality safe services for all our patients and clients is our primary concern. We are focusing on the development and implementation of safe quality healthcare, where all service users attending our services receive high quality treatment at all times, are treated as individuals with respect and dignity, are involved in their own care, have their individual needs taken into account, are kept fully informed, have their concerns addressed, and are treated / cared for in a safe environment based on best international practice. We are also focussing on achieving the above standards in an environment that is safe for our staff.

The *National Standards for Safer Better Healthcare*, when launched, will outline to the public what can be expected from their healthcare services, while also outlining to service providers what is expected of them. The standards will help to drive improvements for patients by creating a common understanding of what makes a good, safe, health service. We will seek to drive quality improvement in response to these standards and prepare for the roll out of licensing of healthcare provision.

Priorities for 2012

- Implement a strong system of corporate and clinical governance.
- Ensure there is a system-wide co-ordinated approach to the quality agenda that spans the spectrum of service provision and covers regulatory standards, recommended practices, and quality and safety issues.
- Implement national and international standards and recommended policies / guidelines developed both by government and other regulatory bodies / HSE.
- Strengthen patient and service user input through developing and implementing best practice models of customer care and service user involvement.
- Further embed integrated risk management across all services. Utilise the risk register mechanism as part of the HSE control framework. Learning from the HSE incident experience will inform the work and set the priorities for the risk register and controls assurance.
- Provide transparency and accountability to the public about quality and safety of care by:
  - Responding to, reporting on, and learning from incidents and adverse events.
  - Implementing learning from report and review recommendations, risk analysis, serious incidents, audits, complaints, surveys, and ensure that best practice is shared and distilled. This will help to prevent and minimise avoidable repeat incidents.
  - Enhancing quality, clinical and social care audit and assurance.
- Improve prevention, control, and management of healthcare-associated infections and improve antimicrobial stewardship.
- Provide assurance to the organisation on the implementation, monitoring, and evaluation of the above priorities.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Governance	**Corporate Governance and Accountability Frameworks for Clinical Governance and Patient Safety:**	
	Support the establishment of Clinical Governance structures in identified services, including the clinical care programmes.	Q4

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Standards, Recommended Practice and Guidance	Continue to support the development and/or implementation of standards, recommended practice and guidance in key areas including • Healthcare records management • Post Mortem Examination Services • Medical Devices and Equipment • Integrated Care • Medication Safety • Decontamination of Reusable Invasive Medical Devices • Consent	Q4
Clinical Audit	Support implementation of local clinical audit	Q3
Integrated Risk Management	Continue to implement the HSE Integrated Risk Management Policy with particular focus on risk management, incident and complaints management. Continue to standardise regional risk structure and processes, together with ICT support and quality assurance	Q1
	Share learning from risk (Risk Management / Risk Register work), incident management and investigation work	Ongoing
Implementation of learning from reports and review recommendations, risk analysis, serious incidents, audit, complaints and surveys	Provide training/education support to service providers in applying the learning and to respond effectively to serious incidents	Q4
Reduction in healthcare associated infections and improvements in antimicrobial stewardship	**Improve hand hygiene by healthcare staff** ▪ Improvement in alcohol hand rub consumption in hospitals	Ongoing
	▪ 85% compliance with hand hygiene in hospital settings	Q4
	Antimicrobials used appropriately (antimicrobial stewardship) ▪ Public information campaign to improve public knowledge on correct antibiotic care – achieve a 15% reduction in community antibiotic consumption over 5 years when compared to 2010 data	Ongoing
	▪ Plan for SARI hospital antimicrobial stewardship guidelines	Ongoing
	▪ Reduction in hospital antimicrobial consumption	Ongoing
	▪ Reduction in new cases of *Clostridium difficile* reported nationally each year	Ongoing
	▪ **Prevent medical device related infections (such as IV lines and urinary catheters) :** Compliance with care bundles (peripheral line, urinary catheter)	Ongoing
	▪ Implement peripheral IV line care bundles in 90% of hospital inpatient wards	Ongoing
	▪ 50% reduction in intravenous catheter associated *S. aureus* bacteraemia over three years	Ongoing

Primary Care, Community (Demand-Led) Schemes and other Community Services

Introduction

Our vision for primary care is that the health of the population will be managed, as far as possible, within a primary care setting, with the population very rarely requiring admission to a hospital. Those with additional or complex needs will have plans of care developed with the local Primary Care Team (PCT) who will co-ordinate all care required with specialist services in the community and, for hospital attendance, through integrated care pathways. The PCT will act as the central point and will actively engage on the medical and social needs of its defined population with a wider Health and Social Care Network (HSCN). The HSCN covers a number of PCTs and provides specialist and care group services e.g. dietetics, ophthalmology, Audiology, podiatry, etc.

Resources-Primary Care and PCRS - HSE West

		2011 Budget €m	2012 Budget €m
Finance	**Total**	**254.9m**	**231.3m**
		Projected Start January 2012	
WTE	**Total**	**3,287**	

Implementation of a programmatic approach to improving care will ensure that primary care and acute services are provided in a systematic way, improving outcomes for patients in terms of patient care, health status and reduced waiting lists, while saving money.

We will work to progress our key priorities and key result areas within the resources available to the programme. The challenging financial environment affects all aspects of primary care services, PCT delivery, PCT and HSCN development and should not be underestimated. The moratorium, loss of staff generally and anticipated further losses at the end of February 2012 also severely impact on service delivery through PCTs and HSCNs. A review of this plan, as part of the overall review of the National Service Plan, will be needed once the full impact of staff leaving is known.

Public Health and Community Nursing Services have been particularly impacted by the moratorium. Cost containment measures and the recruitment pause are affecting all other posts with consequent impact on the level and range of services available to individuals and communities. Ongoing adjustments in acute hospital services will result in further reliance on primary care services.

In keeping with the Programme for Government commitment to strengthen primary care services, the national allocation of €20m, with the potential for a further €5m to be generated from savings in demand-led schemes, to fill as many vacancies as possible and to expand existing arrangements where sessional services are provided by allied health professionals, presents a potential opportunity to address some of these priority vacancies.

Priorities for 2012

- Improve the management of chronic diseases in community settings
- Identifying new processes and efficiencies in delivering primary care / community services
- Consolidating services provided by existing Community Intervention Teams
- Improving audiology services
- Implement the recommendations of the National Review of the GP Out of Hours Services report.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Primary Care Teams and Health and Social Care Networks	▪ Commence phased roll out of chronic disease management for diabetes	Q4
	▪ Improve access to primary care services through 115 PCTs	Q3
	▪ Enhance service integration through development of HSCNs, this is being enabled through reconfiguration of existing resources	Q4
	▪ Develop clinical leadership and implement clinical governance and service management for PCTs (through initial learning site)	Q3
	▪ Continue to develop ICT electronic referrals systems within primary care following completion of pilot project with Achill PCT and from primary care to the acute sector following completion of pilot projects in HSE South and Tallaght	Q4
Multidisciplinary Complex Care	▪ Improve direct access to childcare and disability services, and community mental health services through PCTs	Q3
	▪ Develop protocols signposting referral pathways between specialist addiction / homeless / traveller services and primary care services	Q3
Enhance Primary Care Services	**Maximise opportunities to develop Community Intervention Teams (CIT)** ▪ Consolidate the services of the three existing CITs within primary care settings	Ongoing
	Implement National Programmes through PCTs Deliver Community Cancer Control Programmes through PCTs including: ▪ Training for practice nurses and public health nurses ▪ Development of e-learning programmes in prevention, early detection and cancer care for GPs and community nurses ▪ Delivery of GP information and training sessions in association with the ICGP and GP Continuing Medical Education (CME) networks ▪ Further implementation of electronic referral processes via GP software systems to have 20% of cancer referrals made electronically (i.e. for those specialties where electronic referral processes have been developed – breast, prostate and lung) ▪ Development of a standardised approach to brief intervention training in smoking cessation for all health care professionals	Ongoing
	Falls Prevention ▪ Deliver falls prevention programmes through PCTs	Ongoing
Accommodation	**Sufficient and appropriate accommodation available to enable successful functioning of PCTs** ▪ Open 5 additional primary care centres accommodating 5 PCTs	Ongoing
GP Training	▪ Conclude the transfer of the GP Training Scheme to the ICGP as contracted service providers	Q3
Audiology Services	**Improve Audiology Services** **Progress Implementation of Recommendations from the *National Review of Audiology Services* to include:** ▪ Restructuring services into integrated audiology services and recruiting national clinical lead and other key clinical support posts	Ongoing
	▪ Further roll out of Newborn Hearing Screening Programme to include clinical education, infrastructure and equipping requirements	Ongoing
	▪ Progress consultation and negotiation of workforce planning recommendations including MSc Sponsorship Programme requirements	Ongoing
	▪ Progress Audiology IT / Patient Management System	Ongoing
	▪ Roll out of Bone Anchored Hearing Aid Programme (BAHA)	Ongoing
Oral Health	▪ Implement *Independent Strategic Review of the Delivery and Management of HSE Dental Services*	Ongoing
	▪ Establish standards for eligible and most vulnerable patients under the Dental Treatment Services Scheme	
	▪ Reduce urgent dental general anesthesia waiting lists for adults with intellectual disabilities	

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	▪ Commence implementation of Phase I HIQA Infection Control Standards for Dental Services	
	▪ Reconfigure primary care dental services	Q1
	GP Out of Hours Review	
	▪ Implement recommendations from National Review of *GP Out of Hours Services*	Q4
	▪ Validate payments to GPs who are members of out of hour co-ops by reference to claims recorded on the co-op system, and submit to PCRS via agreed process using specified electronic files	Q4
	Dental Review	
	▪ Implement recommendations of Dental Treatment Services Scheme (DTSS) review	Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
Primary Care No. of PCTs implementing structured GP Chronic Disease Management for Diabetes to incorporate the structured management of chronic diseases within this cohort of patients	New PI for 2012	New PI for 2012	Dependent upon timing of commencement of programme
No. of Health and Social Care Networks in operation	New PI for 2012	New PI for 2012	13
No. of Health and Social Care Networks in development	New PI for 2012	New PI for 2012	19
% of Operational Areas with community representation for PCT and Network Development	New PI for 2012	New PI for 2012	5 100%
GP Out of Hours: No. of contacts with GP out of hours	248,776	238,415	238,415
Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	New PI for 2012	New PI for 2012	47,391
Health Care Associated Infection: Antibiotic Consumption Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	New PI for 2012	21.7 (Q2 data)National	21 National
Orthodontics No. of patients receiving active treatment during reporting period		3,745	3,745
No. of patients in retention during reporting period	To be disaggregated in 2011	n/a	---
No. of patients who have been discharged with completed orthodontic treatment during reporting period		407	407

Community (Demand-Led Schemes)

Performance Activity	Expected Activity 2011	Projected Outturn 2011	Expected Activity 2012
	National	National	National
Medical and GP Visit Cards No. persons covered by Medical Cards	1,779,585	1,733,126	1,838,126
(Incl. no. persons covered by discretionary Medical Cards)	80,502	76,644	85,000
No. persons covered by GP Visit Cards	138,816	132,097	204,482
(Incl. no. persons covered by discretionary GP Visit Cards)	17,423	16,904	20,000
Long Term Illness No. of claims	978,111	825,255	844,241

Performance Activity	Expected Activity 2011	Projected Outturn 2011	Expected Activity 2012
	National	National	National
No. of items	3,178,861	2,731,595	2,794,437
Drug Payment Scheme No. of claims	3,836,264	3,187,303	2,726,939
No. of items	11,355,342	9,880,639	8,453,510
GMS No. prescriptions	20,364,442	20,336,688	22,154,661
No. of items	63,076,913	57,146,092	61,589,957
No. of claims – Special items of Service	740,274	863,736	859,123
No. of claims – Special Type Consultations	1,098,668	1,108,649	1,074,340
HiTech No. of claims	435,345	428,994	452,267
DTSS No. of treatments (above the line)	968,784	961,500	1,164,805
No. of treatments (below the line)	53,916	41,989	50,867
No. of patients who have received treatment (above the line)	New P1 2011	---	To be reported during 2012
No. of patients who have received treatment (below the line)	New P1 2011	---	To be reported during 2012
Community Ophthalmic Scheme No. of treatments	715,455	708,862	739,579
i). Adult	652,186	648,889	677,007
ii). Children	63,269	59,973	62,572

Performance Indicators	Expected Target 2011	Projected Outturn 2011	Expected Target 2012
	West	West	West
Medical Cards % of Medical Cards processed which are issued within 15 working days of complete application	---	---	90%
Median time between date of complete application and issuing of Medical Card	---	---	Baseline to be set in 2012 (for reporting from Q2)
GP Visit Cards % of GP Visit cards processed which are issued within 15 working days of complete application	---	---	90%
Median time between date of complete application and issuing of GP Visit Card	---	---	Baseline to be set in 2012 (for reporting from Q2)

Improving our Infrastructure

A significant number of Primary Care Centres, the majority of which will be delivered by lease agreement, are planned to become operational in 2012.

- Abbey, Limerick city – primary care centre, by lease agreement
- Athenry, Co. Galway – primary care centre, by lease agreement
- Castlerea, Co. Roscommon – primary care centre, by lease agreement
- Monksland, Co. Roscommon – primary care centre, by lease agreement
- Glenties, Co. Donegal – primary care centre.

Hospital Services

Introduction

Resources-Hospital Services- HSE West

		2011 Budget €m	2012 Budget €m
Finance	**Total**	**811.5m**	**750.0m**
WTE		Projected Start January 2012	
	Total	**10,302**	

A key priority for acute hospital services in the HSE West is to improve the quality and access to hospital services for our patients, while reducing cost. This will be managed through the implementation of the clinical care programmes to deliver generic models of care and by reconfiguring services provided across hospital sites. The quantum of services to be provided takes account of the decrease in staffing levels, the reduction in 2012 budget and core budget deficits carried forward from 2011. The impact on inpatient and day case treatments will be mitigated by improved productivity and process efficiencies.

Three hospitals in particular, namely Galway, Limerick and Letterkenny face major financial challenges in 2012 due to the carry forward of significant overspends.
Further efficiencies will be pursued through the reorganisation of rostering, reduction in overtime and agency, improving of skill mix and other measures such as improved procurement and income collection to limit the impact on frontline services. While every effort will be made to ensure that the impact on services is minimised, it is recognised that it will prove very challenging to maintain existing levels of service provision.

In 2012 we will provide

Inpatient discharges	**144, 077**
Daycase discharges	**170,210**
Emergency Department presentations	**320,500**
Emergency admissions	**107,200**
Outpatient Department attendances	**710,139**
Births	**15,968**

Priorities for 2012

- Improve Access performance and comply with the SDU targets for both scheduled and unscheduled care.
- Implement the clinical care programmes, particularly acute medicine, emergency medicine and the elective surgery programmes.
- Implement Phase 2 of the smaller hospitals framework. This will involve a rationalisation and review of beds and activity across the region.
- Develop and implement a regional plan for the reconfiguration of elective and day case surgery.
- Implement the productive theatre model to generate more efficient utilisation of theatres.
- Prioritize waiting list OPD targets in rheumatology, dermatology and neurology.
- Consolidate orthopaedic elective activity in the region.
- Enhance stroke teams across the West and develop rehabilitation units in Galway and Roscommon.
- Implement the average length of stay (AvLOS) programme in Galway and Limerick by Q2 and all other hospitals in HSE West by end of 2012
- Roll out the colorectal cancer screening programme in Sligo, Ennis, Letterkenny and Mayo
- Review medical physics and clinical engineering services to identify more efficient ways of working across the region.
- Maximise income generation throughout all hospitals in HSE West.

Monitoring and Measuring Acute Hospital Performance 2012

The 2012 Performance Scorecard is the National Scorecard by which performance will be assessed against the three criteria of quality, access and resources. Performance will be monitored under those 3 criteria with a specific focus on the following activity targets.

Unscheduled care

- Ensure that 95% of all attendees at EDs are discharged or admitted within 6 hours of registration, and that those who need to be admitted through ED wait no more than 9 hours from registration.
- An average length of stay (ALOS) of 5.8 days or less
- A reduction in bed days lost through delayed discharges

Scheduled care

- Ensure that nobody is waiting more than 9 months for planned surgery
- Ensure that nobody is waiting more than 20 weeks for paediatric elective inpatient or day case surgery
- Ensure that nobody is waiting more than 4 weeks for an urgent colonoscopy
- Ensure that nobody is waiting more than 13 weeks for routine GI endoscopy (colonoscopy/gastroscopy)

The focus is to ensure long term sustainability to the ongoing service improvements and to be satisfied that there is a sufficient degree of flexibility across unscheduled and scheduled care service delivery in the region.

In addition to the specific targets set out above the Region is committed to working with the SDU in relation to delivering on the priorities set by the Minister for Health and ensuring that integrated plans addressing the balance of capacity, demand, resources and associated risks across the region are in place during the implementation of any changes to how services are delivered e.g. service reorganisation, cost containment, ongoing financial monitoring, implementation of the "Framework for Smaller Hospitals" and the impact of staff retirements. Detailed site plans will follow from the individual hospital groups in due course.

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Acute Medicine*	Acute Medicine Model fully operational in Limerick (Midwest), Galway and Mayo.	Q1
	Acute Medicine Model fully operational in Sligo and Letterkenny and implementation plans for this model to be developed and rolled out in Portiuncula and Roscommon	Q2
	Implement MEWS in all sites	Q1
Critical Care programme *Improving safety and quality of care for patients*	Appointment of a CNS in Limerick and Galway to facilitate the implementation of the national Critical Care Audit.	Q1
	Commissioning of Critical Care Block in Limerick on basis of existing level of service	Q3
Emergency Medicine Programme		
	Working with the SDU to implement the emergency management programme across all acute hospital sites and compliance with unscheduled care targets.	Q1-3
	Appoint 2 ED consultants in Letterkenny and Galway	Q2
	Establish Emergency Care networks and implement national standards	Q2
Stroke	Enhance stroke teams across HSE West, appointment of nursing and allied health professional posts as per stroke care clinical programme 2011.	Q2
	Develop stroke rehabilitation units in Roscommon and Galway.	Q2
	Provision of 24/7 Thrombolysis in all hospitals admitting acute stroke patients	Q2
	All patients to have rapid access to specialist TIA (transient ischemic attack) services	Q4
	Implement the stroke register.	Q3
Heart failure	Appoint 3 CNS posts (Sligo, Galway and Limerick) to support the Heart Failure Programmes as per the 2011 clinical care programme and support the roll out in further sites such as Mayo, Portiuncula and Midwest.	Q1
	Roll out of Heart Failure guidelines and protocols	Q1

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Acute Coronary Syndrome	Establishing a PCI centre in Galway Centralising Cardiology in MidWest	Q2
	Pre-hospital protocols for all ACS (STEMI and NSTE ACS) in place	Q2
Chronic Obstructive Pulmonary Disease (COPD)	Structured COPD Outreach Programme operational in Letterkenny, Limerick and Galway	Q1
Asthma	Asthma Education Programme to be rolled out in Galway.	Q2
Diabetes	National Diabetic retinopathy screening programme operational *	Q2
	National footcare programme operational in Galway, Limerick, Sligo and Mayo	Q2
	Implement the Integrated Care Diabetes Package. Initial rollout in 2012 in line with the National Diabetes Programme Model of Care	Q3
	Initiate rollout of subcutaneous CSII for treatment for (under 5s) in Limerick and Galway.	Q3
Renal Services	Expand the no. of patients accessing home (peritoneal dialysis and home haemodialysis) therapies from 477 in 2011 to 520 procedures in 2012	Q4
	Upgrading and expansion of renal unit in Mayo General subject to the provision of capital funding.	Q2
Radiology	Optimise service to meet turnaround times for unscheduled care in line with AMP / EMP programmes	Q4
Care of the Elderly	Roll-out of Comprehensive Geriatric Service Model in Sligo, Roscommon, Portiuncula and Galway	Q2
Surgical Care	Implementation of Average Length of Stay (AvLOS) Programme and associated reporting tool in Galway and Limerick sites in Q3 and Q4	Q4
	Support the attainment of National Elective Surgery wait list targets	Q4
	Establishment of an Acute Surgery Programme. This includes TPOT training across all acute surgical sites in HSE West. Initially to focus on Galway, Limerick and then remaining sites.	Q2
	Implement Irish National Orthopaedic Register (INOR)	Q4
Outpatient Programmes – Dermatology, Neurology, Orthopaedics, Epilepsy, Rheumatology	Achieve 30% increase in new patient attendances and wait list targets	Q4
	Appointment of rheumatology, dermatology and neurology Consultants in Limerick, Sligo and Galway (with outreach to Mayo and Portiuncula),	Q4
	Implementation of national clinical guidelines and pathways.	Q4
Rheumatology and Orthopaedics	Musculo-skeletal (MSK) physiotherapy-led clinics operational at Galway, Mayo and Limerick. Review of elective orthopaedic sites in HSE West	Q2
Epilepsy	Three Regional Epilepsy Centres operational in Galway, Limerick and Sligo	Q3
	Epilepsy monitoring beds in place with 6 month waiting list target achieved	Q4
Resource Allocation Pilot	Extend prospective funding model to Galway and Limerick	Q2
	Roll-out the prospective funding model to other elective surgery services	Q2
Cystic Fibrosis	Galway and Limerick are the designated sites, Mayo will develop satellite day care services	Q4
Obstetrics and Gynaecology		
	Establish local process improvement / implementation teams in the maternity sites	Q2
	Develop, disseminate and implement national guidelines on the roll out of the maternity chart in HSE West sites.	Q4
Rehabilitation	Identifying a regional centre for the West within a regional network, local rehab teams and associated protocols, pathways and bundles.	Q1
	In association with other programmes (e.g. Stroke, Care of the Elderly) define an enhanced model for community based rehabilitation services.	Q2

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Primary Care	Commence discussions with GPs to implement structured GP Chronic Disease Management for Diabetes to incorporate the structured management of other chronic diseases within this cohort of patients.	Q4
Haemochromatosis	Implement national model of care and guidelines for Haemochromatosis treatment.	Q2
	Establish regional walk-in venesection clinics, each providing care for 1,250 patients per location in an integrated care model with GPs	Q4
Blood Transfusion	Reduce platelet usage by 3% in 2012	Q4
Smaller Hospitals *Re-organisation of Smaller Hospitals*	Implement the Framework for Smaller Hospitals. This will include supporting the more complex work being undertaken in Galway and Limerick and the smaller hospitals supporting day case surgery and differentiated medicine with Urgent Care Centres. Smaller Hospitals will support bi directional flow of patients from the Model 3 and 4 hospitals.	Q1
	The specific plans for these sites include **Acute Services:** • Reduce inpatient activity at Nenagh, Ennis and Roscommon Hospitals • Expand Day theatre capacity at Nenagh, Ennis and Roscommon Hospitals	
National Integrated Management Information System *Enabling radiological services to be 'filmless', with secure and rapid movement of patient image data through the health services*	Implementation of system completed in designated areas: Mid-West, Mayo,	Q4
	Integration of existing PACs sites into NIMIS: UCHG, Letterkenny and Roscommon.	Q4
Compliance with European Working Time Directive for NCHDs	Implement EWTD across hospitals and report progress bi-annually Implementation of 5/7 NCHD rosters	Q2 and Q4
Ambulance Transport Services	Review the provision of this service within the resources allocated.	Q1
Resource Allocation Pilot	▪ Extend prospective funding model to Galway and Limerick ▪ Develop a plan to roll-out the prospective funding model to other elective surgery services	Q2 Q2
Epilepsy	▪ Three Regional Epilepsy Centres operational in Galway, Limerick and Sligo	Q3
	▪ Epilepsy monitoring beds in place with 6 month waiting list target achieved	Q4
Cystic Fibrosis	▪ Galway and Limerick are the designated sites, Mayo will develop satellite day care services	Q4
Develop Obstetrics and Gynaecology Services	▪ Establish local process improvement / implementation teams in the maternity sites	Q2
	▪ Develop, disseminate and implement national guidelines roll out of maternity chart in HSE West sites	Q4
Audiology	▪ Appoint Regional Leads	Q1
	▪ Develop patient management system	Q4
	▪ Implement workforce planning recommendations of National Audiology report	Q4
	▪ Integration of community and acute Audiology services into a single managerial and clinical structure	Q4

Activity, Performance Measures and Indicators

Performance Activity	Expected Activity 2011	Projected Outturn 2011	Expected Activity 2012
	West	West	West
Inpatient Discharges Activity			
Inpatient	146,300	148,461	144,007
Day Case	172,300	175,474	170,210
% Discharges which are Public			
Inpatient			
Day Case			156,800
Unscheduled Activity			
No. of emergency presentations	320,500	301,539	320,500
No. of emergency admissions	107,200	109,143	107,200
Outpatients Activity			
No. of outpatient attendances	688,700	No data available due to reclassification of metrics	To be confirmed by Quarter 1 2012
Births Activity			
Total no. of births		15,969	15,969
Dialysis Modality			
Haemodialysis		437	459/470
Home Therapies		40	46/51
Total		477	505/521

Performance Indicators	Target 2011	Projected Outturn 2011	Target 2012
ALOS			
Overall ALOS for all inpatient discharges and deaths	5.6	6	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	5	4.7	5
Inpatients			
% of elective inpatients who had principal procedure conducted on day of admission	75%	49%	75%
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	New PI 2012	New PI 2012	To be determined
No. of people re-admitted to ICU within 48 hours	New PI 2012	New PI 2012	New PI 2012 Baseline to be established
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	New PI 2012	80%	95%
No. of first presentations to hospital with a primary diagnosis of development dysplasia of hip (DDH) at 1 year of age or older	New PI 2012	New PI 2012	New PI 2012
Delayed Discharges			
No. of hospital delayed discharges	---	817	Reduce by 10%
Reduction in bed days lost through delayed discharges	New PI 2012	New PI 2012	Reduce by 10%
Day case			
% of day case surgeries as % of day case plus inpatients, for a specified basket of procedures	75%	72%	75%
Outpatients (OPD)			
An agreed set of OPD metrics will be in place and reported by Quarter 2 2012	2:1	Data unavailable due to reclassification of metrics in 2011	To be confirmed by Q1 2012
Births			
% delivered by Caesarean Section	20%	27%	20%
Colonoscopy / Gastro Intestinal Service			
No. of people waiting more than 4 weeks for an urgent colonoscopy	0	0	0
No. and % of people waiting more than 3 months for all gastrointestinal scopes	New PI 2012	New PI 2012	New PI 2012

Performance Indicators	Target 2011	Projected Outturn 2011	Target 2012
			5%
Unscheduled Care: % of all attendees at ED who are discharged or admitted within 6 hours of registration	100%	Data in 2011 was not inclusive of all hospitals. New reporting being introduced in 2012 will capture this data	95%
No. and % of patients who were admitted through ED within 9 hours from registration	New reporting time band 2012	New reporting time band 2012	100%
Scheduled Care No. and % of adults waiting > 9 months (inpatient)	New reporting time band 2012	New reporting time band 2012	0 0% by Sept 2012
No. and % of adults waiting > 9 months (day case)			0 0% by Sept 2012
No. and % of children waiting > 3 months (inpatient)	0	1,294 60%	0 0% by Sept 2012
No. and % of children waiting > 3 months (day case)	0	1,312 53%	0 0% by Sept 2012
Consultant Public: Private Mix Casemix adjusted public private mix by hospital for inpatients	80:20	Under review, baseline to be established	80:20
Casemix adjusted public private mix by hospital for daycase	80:20		80:20
Consultant Contract Compliance % of consultants compliant with contract levels by hospital type (Type B / B* / C)	100%		100%
Blood Policy No. of units of platelets ordered in the reporting period	22,000	22,210	21,500 (3% reduction)
% of units of platelets outdated in the reporting period	<10%	<4.5%	<10%
% usage of O Rhesus negative red blood cells	<11%	<12.9%	<11%
% of red blood cell units rerouted to hub hospital	<5%	<4.4%	<5%
% of red blood cell units returned out of total red blood cell units ordered	<2%	<1.1%	<2%
Health Care Associated Infection (HCAI) Rate of MRSA bloodstream infections in acute hospitals per 1,000 beds days used	0.085	0.071 (Q2 data)	<0.067
Rate of new cases of Clostridium difficile associated diarrhoea in acute hospitals per 10,000 bed days used	New PI for 2012	3.2 (Q2 data)	<3.0
Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	76	86 (combined Q1 and Q2 data)	83
Alcohol Hand Rub consumption (litres per 1,000 bed days used)	23	22.7 (combined Q1 and Q2 data)	23
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	New PI for 2012	75%	85%

Ambulance	Expected Activity 2011	Projected Outturn 2011	Expected Activity 2012
	West	West	West
First Responder response times to potential or actual 112 (999) life threatening emergency calls % of Clinical Status 1 ECHO incidents responded to by first responder in 7 minutes and 59 seconds or less	75%	39.1%	75%
% of Clinical Status 1 DELTA incidents responded to by first responder in 7 minutes and 59 seconds or less	75%	23.9%	75%

Ambulance	Expected Activity 2011	Projected Outturn 2011	Expected Activity 2012
	West	West	West
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less			80% by June 2012 85% by Dec 2012
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less			80% by June 2012 85% by Dec 2012

Cancer Services

Introduction

The main priorities for the cancer services in 2012 include improving access to diagnostic and treatment services, maintaining and monitoring the symptomatic breast disease, rapid access prostate and lung services and the transfer of rectal cancer surgery from Mayo and Sligo hospitals to Galway. We will continue the planning process to transfer treatment of complex gynaecological cancers to designated centres.

Screening services will continue in 2012 through Breastcheck and CervicalCheck. Planning for Colorectal screening will continue with the appointment of advanced nurse practitioners to the gastroenterology training programme, and roll out of the programme commencing in Q4.

We remain cognisant of the additional burden that designated cancer/satellite centres have in relation to cancer work which although elective, is of an urgent nature. This will require contingency planning to deal with the effects of the moratorium and exit schemes and the filling or back filling of funded priority posts.

Priorities for 2012

- Improve access to diagnostic and treatment services
- Meet screening targets
- Progress transfer of rectal cancer surgery and complex gynaecological cancer treatment to designated centres
- Assist and support national expert groups for common cancers established by NCCP for the development of national clinical practice guidelines
- Establish patient pathway for implementation of national pigmented lesion referral guidelines
- Develop contingency plans to deal with key staff shortages

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Access to diagnostic services	▪ Maintain timely access to diagnostic services, including clinics, imaging and laboratory tests. Comply with HIQA and other nationally agreed KPIs	Q1-Q4
Surgery/Theatre/ICU	▪ Provide timely access to surgery for cancer patients. Comply with HIQA and other nationally agreed KPIs	Q1-Q4
	▪ Facilitate day surgery where appropriate	Q1-Q4
Medical oncology	▪ Deal with risks arising from absence of key staff including pharmacy technicians	Q1-Q4
Rectal cancer	▪ Transfer of rectal cancer surgery from SGH and MGH to GUH.	Q3
Gynaecological cancers	▪ Planning for transfer of complex gynae cancers into designated cancer centres.	Q1-Q4
	▪ Discontinuation of small volume practices for ovarian, cervical, uterine and vulval cancers	Q3
Upper GI cancers	▪ Develop sustainable plan for future management of these cancers in cooperation with NCCP.	Q1-2
Skin cancer	▪ Monitor recruitment of consultant dermatologist Limerick	Q2
	▪ Develop services for treatment of skin cancer	Q2-Q4
Screening	▪ Continue to provide breast screening to women in 50-64 year age group.	Q1-Q4
	▪ Plan for extension of Breastcheck to 65-69 year olds	Q1-Q4
	▪ CervicalCheck – Continue to provide cervical screening and colposcopy services to women aged25-60 years on a 3 or 5 year basis, dependant on age	Q1-Q4
	▪ Introduce HPV testing post treatment	Q1
	▪ Colorectal screening – Appoint candidate Advance nurse practitioner candidates to the approved gastroenterology training programme. appointed in colonoscopy.	Q1
	▪ Commence roll out of colorectal screening.	Q4
Radiation Oncology Services	Participate in national performance management and monitoring systems to drive service quality and service improvement	Q1-Q4
Quality and Safety	Participate in national specialist clinical networks established for the purpose of clinical audit, sharing of good practice and problem solving for breast, lung, prostate and rectal cancers	Q1-Q4

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	Participate in national expert tumour groups in the development of national evidence based clinical practice guidelines	Q1-Q4
Quality Care in the Community	Encourage use of standardised electronic referral process developed for common tumours	Q1-Q4
	Expand delivery of Cancer Education Programme for Nurses working in Primary Care (Public Health and Practice Nurses) and Community Cancer Care Education Programme for Community Nurses (skills-based course for Public Health Nurses).	Q2-Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Symptomatic Breast Cancer Services No. of urgent attendances	13,000	13,690	13,000
No. of non urgent attendances	26,000	24,666	25,000
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(No. and % offered an appointment that falls within 2 weeks)*	12,350 95%	13,590 99.3%	12,350 95%
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals *(No. and % offered an appointment that falls within 12 weeks)*	25,000 95%	23,441 95%	23,750 95%
Breast Cancer Screening No. of invited women who attend for breast screening	New PI for 2012	New PI for 2012	140,000
Lung Cancers No. of attendances at rapid access lung clinic	New PI for 2011	1,924	To be determined
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	95%	1,713 89%	95%
Prostate Cancers No. of centres providing surgical services for prostate cancers	5	7	6
No. of new / return attendances and DNAs at rapid access prostate clinics	New PI for 2012	New PI for 2012	To be determined
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	New PI for 2012	New PI for 2012	90%
Rectal Cancers No. of centres providing services for rectal cancers	8	13	8
Radiotherapy No. of patients who completed radiotherapy treatment for breast, lung, rectal or prostate cancer in preceding quarter	New PI for 2012	New PI for 2012	To be determined
No. and % of patients undergoing radiotherapy treatment for breast, prostate, lung or rectal cancer who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist	New PI for 2012	New PI for 2012	90%

Older People Services

Introduction

The priority is to support older persons to continue to live in their own communities, promoting their independence and participation in their communities. In trying to help older people to achieve this, we will, within available resources, provide a variety of home and community-based support services including home help services, home care packages, respite care, day care, meals on wheels, health promotion initiatives / programmes and rehabilitation. Where older people cannot continue to live in their own homes we will provide quality residential care in compliance with the *National Standards for Residential Care Settings for Older People in Ireland*. This includes long term residential care through the Nursing Homes Support Scheme, within the resources available for that Scheme.

Resources-Older People's Services - HSE West

		2011 Budget €m	2012 Budget €m
Finance	**Total**	**283.7m**	**172.55m**
WTE		Projected Start January 2012	
	Total	**2,857**	

Priorities for 2012

- Administer the Nursing Homes Support Scheme within the resources allocated to meet the HSE's strategic objective of maintaining older people at home for as long as possible and only providing long term residential care when all other reasonable alternatives have been exhausted. In addition, we will establish one HSE West Area Office for the administration of the Nursing Homes Support Scheme in order to increase efficiencies and standardisation of the Scheme.
- Provide quality residential care through the attainment of the standards outlined in the *National Quality Standards for Residential Care Settings for Older People* and engagement with the Health Information and Quality Authority.
- Improve the quality of home care services being delivered by implementing the *National Quality Guidelines for Home Care Support Services*. Following the completion of the national tender for Enhanced Home Care Packages, ensure standard implementation and monitoring of the approved providers across HSE West.
- Provide the supports required for older persons to live independently in their own homes for as long as possible through the use of high quality home support services targeted at those in need of support for personal care.
- Respond to referrals of allegations of elder abuse in a timely and appropriate manner, in line with *Protecting Our Future*.
- Support the development of a Single Assessment Tool to determine patient / client need and ensure equitable access to services based on this need.
- Encourage and support older people to remain living within their communities though health promotion initiatives such as falls prevention, positive ageing, Community Intervention Teams, meals on Wheels, etc. Promote 2012 as the *European Year of Active Ageing and Solidarity between Generations.*
- Deliver 5,715 beds/places under NHSS in 2012 (Fair Deal)
- Provide home help services for 13,460 clients in receipt of home help services.
- Provide home care packages to 2,238 clients - maintain projected outturn 2011.

Services are being rationalised in a number of key areas in 2012 in order to maintain activity levels within a reduced allocation and reduced staffing levels arising from the incentivised retirements. Rationalisation of residential facilities will be undertaken following extensive consultation with patients and relevant stakeholders in relation to units in;

Nursing Homes	**No of beds**
Lifford , Co Donegal	20
St. Francis, Galway	15

Further bed reductions in public facilities are being examined in 2012 in a number of older residential centres in response to staffing pressures and in order to comply with HIQA standards. Alternative capacity in the private nursing homes sector continues to be available in the West area.

Public facilities scheduled for service reductions include:

Nursing Homes	Beds
St Camillus', Limerick	13 of 134
St. Ita's	10 of 102
Dean Maxwell, Roscrea	7 of 27
Merlin Park, Galway	4 of 52
Sacred Heart, Roscommon	10 of 95
Sacred Heart, Castlebar	8 of 134
St Joseph's, Ballina	12 of 62
St. Johns, Sligo	17 of 165
St. Patricks, Carrick on Shannon	10 of 95

Intermediate care is underdeveloped in many parts of the West and has been identified as a critical element of the older persons' care pathway. The HSE is committed to working with the DoH in allocating funding from long-term residential care and other potential sources, such as acute hospitals, to increase intermediate care capacity, e.g., step-up / step-down beds, and to provide additional community services such as Home Care Packages. This should reduce demand on acute hospital services and assist in the prevention of inappropriate admissions to long-term residential care. As part of this process, HSE West will review its short term bed capacity and service need.

Service Improvements

- Roll out of Home Care Package approved provider list of voluntary and private home care providers, which will introduce national minimal standards for the delivery of home care services as part of a home care package.
- Establish a regional office for the processing of applications for the Nursing Home Support Scheme – this will assist applicants for the scheme through the provision of information, up date on progress of the application process etc.
- Implement National Home Help Guidelines which will introduce a standardised and consistent approach to the delivery of home help services.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Nursing Homes Support Scheme – A Fair Deal	**Nursing Homes Support Scheme (NHSS) – A Fair Deal** ▪ Full utilisation of NHSS – A Fair Deal within the funding allocated	Ongoing Q4
	▪ Participate in the substantive review of the scheme as outlined in the *Programme for Government*	
	▪ Reconfigure existing Nursing Home Support Scheme Offices in order to establish one Regional Nursing Home Support Scheme Office	
Long Term Residential Care	▪ Provide an agreed level of public long term residential beds	
	▪ Reconfiguration/rationalisation of beds to occur across the Region. A minimum of 126 beds in HSE West are likely to close in 2012	Q4
	Efficiency ▪ Examine skill mix to ensure appropriate staffing is provided to meet needs of residents	Q1
	▪ Examine elements of cost of care in public long term residential care e.g. rostering arrangements	Q2
Older People Clinical Programme	**Reconfiguration of Public Residential Facilities** ▪ Review and determine short term bed requirements for rehabilitation (<12months) / respite, short stay, step up / step down and assessment	
	▪ Identify, within public bed stock, number of beds that can be converted to meet short term bed requirements	Q2

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	Service Model ▪ Work with the clinical programmes and consultant geriatricians to develop a service model for older persons	Q2
Community and Home Supports	**Intermediate and Home Care** ▪ Identify and implement innovative models of care for people requiring intermediate and home care with a view to preventing inappropriate admissions to acute hospitals / long term residential care and addressing delayed discharges, etc. in a more timely way	
	Home Care ▪ Implement on a phased basis, the *National Quality Guidelines for Home Care Services*	Q4
	Home Help Service ▪ Agree implementation plan on *National Quality Guidelines for Home Help Guidelines*	Q1
	▪ Implement regular reviews of home help clients to ensure optimal use of available resource	Q2 – Q4
	▪ Examine home help delivery model with a view to value for money (VFM) and service improvement	Q1 – Q4
	Home Care Packages ▪ Undertake reviews of home care package clients to ensure optimal use of available resource	Q1 – Q4
	▪ Ensure regional governance of implementation of Approved Provider Panel	Q1 – Q4
	Legislative Framework – Community Services ▪ Continue to work with National Lead as required on legislative proposals for community services	Q1 – Q4
	Provision of equitable ancillary care / aids and appliance services to all older persons ▪ Implement work of National Ancillary Group to put in place standardised processes around the delivery of these services to both the community sector and the residential sector within available resources	Q3
Health Promotion	▪ Implement (on a phased basis) recommendations from the strategy to *Prevent Falls and Fractures in Ireland's Ageing Population*, with the primary care service and the Clinical Strategy and Programmes Directorate	Q4
	▪ Collaborate with the primary care services to ensure the needs of older people are addressed appropriately	Q4
	▪ Actively promote European year of Active Ageing and Solidarity between Generations	Q4
	▪ Promote anti-ageism initiatives both locally and nationally	Q4
Elder Abuse	**Protection of Older People – *Protecting Our Future*** ▪ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures ▪ Review all referrals of abuse at least six monthly	Q2
	▪ All allegations to receive a response within four weeks	Ongoing
	▪ Continue to collate all data related to elder abuse referrals	Ongoing
	▪ Continue to collate all data related to elder abuse training	Ongoing
	▪ Continue to promote awareness and understanding of elder abuse	Ongoing

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
Home Care Packages Total no. of persons in receipt of a HCP	2,145	2,238	2,238
No. of HCPs provided	1,283	1,283	1,283
No. of new HCP clients	1,250	1,177	1,350
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	3.5m	3.26m	3.11m
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	14,400	13,453	13,460
Day Care No. of day care places for older people	Baseline to be set	National survey undertaken Q4 to inform 2012 targets	Targets to be determined
NHSS No. of people approved for funding under NHSS in long term residential care at end of reporting month	Baseline to be set	5,715	Centralised scheme in 2012 23,611
% of complete applications processed within four weeks	100%	100%	100%
No. and proportion of those who quality for ancillary state support who choose to avail of it			Demand Led
Subvention and Contract Beds No. in receipt of subvention	Dependent on uptake of NHSS	460	100
No. in receipt of enhanced subvention	Dependent on uptake of NHSS	95	70
No. of people in long-term residential care who are in contract beds	New PI for 2012	New PI for 2012	To be reported in 2012
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver clients)	New PI for 2012	New PI for 2012	To be reported in 2012
Public Beds No. of beds in public residential care settings for older people	2,300	2,255	2,120 – 2,255 Minimum and maximum range
Elder Abuse No. of new referrals by region	Demand led	330	440
No. and % of new referrals broken down by abuse type: i). Physical	Baseline to be set	52	Demand Led
ii). Psychological	Baseline to be set	170	Demand Led
iii). Financial	Baseline to be set	96	Demand Led
iv). Neglect	Baseline to be set	81	Demand Led
No. of active cases	New PI for 2011	395	To be reported on
% of referrals receiving first response from senior case workers within four weeks	100%	100%	100%

Mental Health Services

Introduction

The mental health of the population plays a vital role in the vibrancy and economic life of the country. Therefore, investing in promoting positive mental health and in early intervention is not only an investment in the individual's quality of life but also in the global health status of the nation.

Resources-Mental Health Services - HSE West

		2011 Budget €m	2012 Budget €m
Finance	**Total**	**198.4m**	**186.0m**
WTE		Projected Start January 2012	
	Total	**2,588**	

A Vision for Change remains the strategic direction for the future delivery of mental health services in the HSE West and sets the strategic direction for the provision of modern mental health care and is supported in the Government's Objectives for Mental Health in the Programme for Government. The introduction of Clinical Programmes for Mental Health in 2012 will assist in addressing service variability across catchment areas as well as standardizing our approaches and planned outcomes. We are committed to developing this model within the resource base and we constantly aim to achieve compliance with statutory responsibilities arising from the *Mental Health Act, 2001* in all mental health services offered in our region.

Priorities for 2012

- Promote positive mental health and prioritise suicide prevention; in particular, implement outstanding actions in *Reach Out – National Strategy for Action on Suicide Prevention.*
- Strengthen General Adult Community Mental Health Team (CMHT) capacity by ensuring, at a minimum, that at least one of each mental health discipline is on each general adult community mental health team.
- Strengthen Child and Adolescent Community Mental Health Team (CAMHT) capacity by ensuring, at a minimum, that at least one of each mental health professional discipline is on each team.
- Maintain child and adolescent acute inpatient capacity.
- Continue to review the number and location of acute and continuing care beds so as to rationalise inpatient provision.
- Continue to work with all stakeholders to plan for the closure of our remaining traditional psychiatric hospital in Limerick.
- Develop the capacity to effectively manage mental health needs appropriate to a primary care setting.
- Ensure access to quality psychotherapy and counselling services for patients eligible under the general medical services within primary care.
- Progress the project plan in respect to the provision of an Intensive Care Rehabilitation Unit (ICRU) in the West.
- Implement agreed clinical care programmes in mental health.
- Develop effective partnerships with voluntary and statutory agencies to deliver integrated care for service users.
- Develop the service user and carer partnership by ensuring service user representation on Area Mental Health Management Teams.
- Reduce Acute Bed capacity to the levels recommended in 'Vision for Change'. This will involve bed reductions in the centres listed below.
- Review and rationalise medium & low support residential facilities.

Approach to reducing costs

- Closure of acute beds at Ballinasloe (15 beds), Sligo (10 beds), Galway (8 beds) and Clare (19 beds). The Clare closure will be on a phased basis.
- Review and rationalise long stay beds in Limerick (St Joseph's Hospital) and supervised residential facilities in Sligo, Limerick, Galway, Mayo and Clare.
- Review and rationalise all medium and low support facilities.
- Review all placements outside the state.
- Introduce skill mix to all areas.

Service Improvements

- Open the Child and Adolescent Unit (Merlin Park) to full capacity
- Develop Executive Clinical Directorates across the remaining areas in HSE West.
- Develop Community Mental Health Teams for each 50,000 population.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Positive Mental Health and Suicide Prevention	Implementation of *Reach Out – National Strategy for Action on Suicide Prevention* and the Management of Self-Harm Presentations to ED Clinical Programme	Q4
	In collaboration with the National Office for Suicide Prevention (NOSP), roll-out 'Reach Out' actions identified in the Programme for Government.	Q4
	When agreed, implement the Clinical Programme for the management of Self-Harm Presentations to EDs in all acute hospitals in HSE West.	Q4
	Mental Health Promotion Continue the roll out of ASIST and Safetalk programmes by training an additional 1,000 and 500 people, respectively, per annum.	Ongoing
	Support national and develop local public mental health awareness campaigns to encourage positive mental health and reduce stigma associated with suicide and mental health.	Ongoing
General Adult Community Mental Health Teams	Expand and rationalise the membership of general adult CMHTs to ensure improved multidisciplinary representation. (The allocation of additional resources to professionally complete General Adult CMHTs is contingent on those teams implementing the mental health clinical programmes when agreed)	Q1-Q4
	Merge CMHTs to achieve economies of scale coterminous with Health and Social Care Networks	Q1-Q4
Child and Adolescent Community Mental Health Teams	Complete the multidisciplinary profile of the existing Child and Adolescent CMHTs to include at least one of each profession (medical, nursing, clinical psychology, social work, occupational therapist, speech and language therapist, child care worker)	Q1-Q4
Child and Adolescent Acute Inpatient Capacity	▪ Child and adolescent acute inpatient unit open to full capacity in Merlin Park, Galway	Q1
Enhance Young People's Mental Health	In partnership with Headstrong, progress the new Jigsaw sites in development in Donegal and Roscommon.	Ongoing
Rationalise Acute Inpatient Provision in line with A Vision for Change	**West** (331 acute beds currently) ▪ Donegal / Sligo / Leitrim – reduce by 10 acute beds ▪ Galway / Mayo / Roscommon – reduce by 23 acute beds ▪ Limerick / Clare / North Tipperary – reduce by 19 acute beds (on a phased basis)	Ongoing
	Review direct medium and low support housing provision managed by the mental health services (This does not impact on the provision of clinical support)	Ongoing
Closure of old psychiatric hospitals to acute inpatient admissions	**West** – Continue to work with all stakeholders to progress closure of St Joseph's Hospital in Limerick	Q1-Q4
Inappropriate Placements	Support the establishment of a national Working Group with Disability Services to address people with intellectual disability inappropriately placed in psychiatric settings (Where applicable).	Q1
Mental Health in Primary Care and Access to Psychotherapy Services	**Mental Health in Primary Care:** Continue participation by PCTs in the team based approaches to mental health in the Primary Care Accredited Programme, as funding permits	Q1
	Provide access to psychotherapy and counselling for patients eligible under the general medical services.	Q1-Q4
National Forensic Mental Health Services	**Replacement of Central Mental Hospital (CMH)** Progress the project plan to provide an Intensive Care Rehabilitation Unit (ICRU) in the West as part of National Forensic Mental Health Services Developments.	Q1-Q4
Clinical Care Programmes in Mental Health	Participate in the planning and development of the mental health clinical programmes, as appropriate.	Q2-Q4
Voluntary and Statutory Agencies	Continue to work with statutory and voluntary agencies to improve social inclusion for service users – housing authorities, Gardai, educational and training agencies	Ongoing
	Continue to work with voluntary partners in mental health to ensure co-ordinated delivery of services across agencies in line with objectives of *A Vision for Change*	

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Service User and Carer Partnership	Ensure service user representation on Area Mental Health Management Teams	Ongoing
Embed Recovery Ethos	Implement the guidelines for the delivery of recovery-focused mental health services.	Q2-Q4
Mental Health Services Management	Complete the multidisciplinary Mental Health Services Management Teams in all operational areas through reconfiguration of existing management roles	Q2
	Support the business requirements for a national Mental Health Information System	Q2
Fostering Innovation	Allocation of €2m to Genio to accelerate innovative practice and service modernisation in mental health in line with A Vision for Change.	
	Progress where Genio fund allocations are applicable in the West.	Q1-Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
Adult Inpatient Services			
No. of admissions to adult acute inpatient units	3,978	3,700	3,700
Median length of stay	10.0	12	12
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	98.1	91.3	85.5
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	26.2	25.3	23.7
Acute re-admissions as % of admissions	73%	72%	72%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	71.9	65.9	61.8
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	28.3	28.3	25.9
No. of adult involuntary admissions	380	403	403
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	9.38	10	9.3
Child and Adolescent			
No. of child and adolescent Community Mental Health Teams	13	14	14
No. of child and adolescent Day Hospital Teams	--	-	-
No. of Paediatric Liaison Teams	--	-	-
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	--	31	31
No. of children / adolescents admitted to adult HSE mental health inpatient units i). <16 years ii). <17 years iii). <18 years			
No. and % of involuntary admissions of children and adolescents	-		
No. of child / adolescent referrals (including re-referred) **received** by mental health services	2,662	2,983	2,983
No. of child / adolescent referrals (including re-referred) **accepted** by mental health services	2,087	2,241	2,241
Total no. of new (including re-referred) child / adolescent referrals **offered** first appointment and seen	2,076	2,128	2,128
No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	1,523	1,569 71%	70%

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
ii). > 12 months	253	209 9%	0%
No. and % of cases closed / discharged by CAMHS service	New PI 80% of accepted referrals	1,388 161%	1,388 80%
Total no. on waiting list for first appointment at end of each quarter	510	598	570
No. and % on waiting list for first appointment at end of each quarter by wait time i). < 3 months	167	120 20%	114 20%
ii). 3-6 months	143	137 23%	130 23%
iii). 6-9 months	174	165 28%	157 28%
iv). 9-12 months	---		168 29%
v). > 12 months	127	176 29%	0
No. of suicides in arrears per CSO Year of Occurrence	New PI		---
No. of repeat deliberate self harm presentations in ED			

Improving our Infrastructure

Capital projects completed and / or became operational in 2011 (See page 72)

- Clare – Gort Glas day centre.
- Ballinasloe, Galway – CMHT base and transitional accommodation.
- Tuam, Galway – CMHT base and day hospital.
- Loughrea, Galway – day hospital.
- University College Hospital, Galway – acute unit.

Disability Services

Introduction

Resources-Disability Services- HSE WEST

		2011 Budget €m	2012 Budget €m
Finance			
	Total	**358.4m**	**345.3m**
WTE		Projected Start January 2012	
	Total	**3,677**	

A major change programme for disability services in Ireland has commenced in recent years. Service provision has been transitioning from congregated to community provision and from segregation to inclusion. This process is now accelerating in order to achieve the vision of a society where people with disabilities are supported to participate fully in economic and social life, and have access to a range of quality supports and services to enhance their quality of life and well-being.

The emerging Department of Health policy direction (*Value for Money and Policy Review*), coupled with recommendations from HSE national working groups on key service areas (e.g. congregated settings, day services), has emphasised the need for a new model of service provision that, if agreed by Government, will further the independence of people with disabilities in a manner which is efficient and cost-effective.

Priorities for 2012

- Maximise the provision of services within the available resources, while we reorganise and reconfigure services generally.
- Support the Department of Health in developing a Total System Reorganisation of service provision though the implementation of:
  - The programme for the Progression of Disability Services for Children and Young People;
  - The Review of Autism Services;
  - The report, "New Directions"; (Reconfiguring Adult Day Services).
  - The report, "Time to Move on From Congregated Settings"; (Reconfiguring Residential Services).
  - The National Neuro Rehabilitation Strategy;
- Implement measures to ensure that children assessed under the Disability Act 2005, receive those assessments in accordance with the standards laid down and within the timeframes set out in the legislation.
- Develop systems and processes to mainstream services in the community through Primary Care Teams, e.g. speech and language therapy, occupational therapy, physiotherapy.
- Support organisations in the delivery of quality and safe services, in preparation for the commencement of National Quality Standards – Residential Services for adults and children with disabilities.
- Review the current information systems and information needs in Disability Services and make recommendations for future planning.
- Develop a Regional action plan including short, medium and long-term goals, for the implementation of the recommendations of the VFM and Policy Review.

Approach to reducing costs

The allocation for disability services in 2012 is reduced by 3.7%. In addition, disability services will be required to cater for demographic pressures, such as new services for school leavers and emergency residential placements, from within their allocations.

Efficiency improvements will address at least 2% of the reductions in 2012. The aim will be to tailor any service reductions in a way which minimises the impact on service users and their families as much as possible. While the quantum of service may reduce, the number of people in receipt of these services will not reduce.

Service Improvements

Provision has been made at national level for investment of €1m for Autism Services. This will be used to address waiting times for specialist therapy services for children who have been diagnosed with Autism and on developing Intervention Teams.

Key Result Areas

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Maximise the provision of services given the available resources, while we reorganise and reconfigure services generally.	▪ In collaboration with Primary Care, develop systems and processes to ensure that, where appropriate, people with disabilities access services through the mainstream.	Ongoing
	▪ In conjunction with the National Disability Authority (NDA), develop a resource allocation model reflective of the service arrangements and the recommendations of the review	Q3
	▪ Test a system of resource allocation through demonstration projects	Q4
	▪ Develop an action plan, including short, medium and long-term goals, for the implementation of the VFM and Policy Review	Q2
	▪ Develop new models of service provision in order to improve the choice available to people with disabilities. E.g. Host Family Support	Ongoing
Total system reorganisation of services	**Progressing Disability Services for Children and Young People**	
	▪ Develop Regional and Area level implementation plans in consultation with key stakeholders	Q2/Q4
	▪ Establish clear pathways and links to school services	Q3
	▪ In those areas where plans are completed, negotiate the reconfiguration of available resources with key stakeholders.	Q3
	▪ **Review of Autism Services**	
	▪ Link with children's disability services programme and engage with service providers and education sector.	Q1
	▪ Develop Regional and Area level implementation plans, in consultation with key stakeholders, based on its recommendations; taking cognisance of relevant aspects of other policies. E.g. Congregated Settings and New Directions reports.	Q3/4
	Disability Act 2005	
	▪ Continue to refine the processes under the Act and integrate them into the services for children and young people as they are re-configured, in order develop more efficient provision of children's therapy services	Ongoing
	▪ Implement the recommendations of the National Disability Authority's study of the determinants of an efficient and effective assessment of need	Ongoing
	Child Protection and Welfare Agency:	
	▪ Maintain close co-operation with Services for Children and Families during the development of the Child Welfare and Protection Agency to ensure that services for children with disabilities are delivered appropriately and develop clear protocols in this regard	Q2
	New Directions – Adult Day Services	
	▪ Develop Regional and Area level implementation plans in consultation with key stakeholders and based on the national implementation plan	Q3
	Congregated Settings – Reconfiguration of Residential Services	
	▪ Monitor current projects to ensure they deliver on expectations and disseminate the learning from the projects.	Ongoing
	▪ In consultation with the key stakeholders, agree a date for the cessation of admissions to congregated settings	Q3
	▪ Develop Regional and Area level implementation plans in consultation with key stakeholders and based on the national implementation plan	Q3
	Persons with ID inappropriately placed in psychiatric settings:	

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	will be progressed through an agreed implementation plan in conjunction with the appropriate stakeholders.	Q4
	Neuro-Rehabilitation Strategy	
	▪ Work with the Rehabilitation Medicine Programme to support the development of an implementation plan based on the recommendations of the National Neuro-Rehabilitation Strategy	Q1/4
Support organisations in the delivery of quality and safe services, in preparation for the commencement of National Quality Standards – Residential Services for adults and children with disabilities.	▪ Update database for adults and for children in residential, respite and day services.	
	▪ Share the learning from the self audit of a percentage of adult residential services with all providers via the umbrella organisations in order to develop the next phase of preparation.	
	▪ Develop an action plan and self-audit tool for children's residential services to support quality improvement, assurance and compliance with the draft standards.	
	Child Protection Audit	
	▪ Information gathered during this audit of services will identify good practice, training needs for organisations, and inform development of national policy	Q2
	▪ Further action on findings from phase 1 are to be agreed and may include an audit of service providers who have completed the questionnaire and have identified allegations of abuse recorded in 2009	Q2
Review the current information systems and information needs in Disability Services and make recommendations for future planning.	▪ Carry out a review of the existing information systems in disability services in both the statutory and non-statutory sectors	Q2
	▪ Carry out a review of information needs in both sectors	Q2
	▪ Make recommendations for future planning in this regard	Q2

Performance Activity and Performance

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
Day Services			
No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	359	432	425
No. of persons with ID and / or autism benefiting from work / work-like activity services	737	854	854
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	29	35	35
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	46	55	55
No. of Rehabilitative Training places provided (all disabilities)	805	805	805
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	910	964	964
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	---	2,611	2,611
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	---	708	708
Residential Services			
No. of persons with ID and / or autism benefiting from residential services	2,234	2,498	2,456

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
No. of persons with physical and / or sensory disability benefiting from residential services	227	155	152
Respite Services			
No. of bed nights in residential centre based respite services used by persons with ID and / or autism	45,519	48,451	47,627
No. of persons with ID and / or autism benefiting from residential centre based respite services	1,257	1,376	1,376
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	4,047	1,351	1,328
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	698	179	179
Personal Assistant (PA) / Home Support Hours			
No. of PA/ home support hours used by persons with physical and / or sensory disability	905,000	589,889	589,889
No. of persons with physical and / or sensory disability benefiting from PA / home support hours	7,767	4,176	4,176
Disability Act Compliance			
No. of requests for assessments received	536	556	512
No. of assessments commenced as provided for in the regulations	541	528	560
No. of assessments commenced within the timelines as provided for in the regulations	541	512	560
No. of assessments completed as provided for in the regulations	569	533	560
No. of assessments completed within the timelines as provided for in the regulations	569	252	560
No. of service statements completed	569	389	476
No. of service statements completed within the timelines as provided for in the regulations	569	266	476
Services for Children and Young People			
% progress towards completion of local implementation plans for progressing disability services for children and young people	---	---	100%

Child Protection and Welfare Services

Introduction

Under existing legislation (*Child Care Act, 1991)*, the HSE has a statutory duty for the care and protection of children and their families. In meeting this statutory responsibility, we deliver a range of preventative and support services in co-operation and in partnership with children and their families. We are committed to the principle of supporting families as the basis for ensuring child health and welfare. However, some children do not receive adequate care and protection therefore legislative powers such as emergency, interim and full care orders, as well as supervision orders where a child is deemed to be at risk, are utilised when required to ensure that child protection plans are implemented in full.

Under the *Programme for Government,* fundamental changes as to how child and family services are delivered in Ireland are proposed by Government in order to develop a service that is fit for purpose. These changes will be achieved firstly through the delivery of a major reform programme for family support, child protection and alternative care, accompanied by the associated changes in management structures. The financial challenge in the short to medium term will be examined and the method of allocating resources reviewed. Systems will be strengthened to ensure priorities are determined according to need.

Resources – Child Protection and Welfare Services – HSE West

FINANCE	2011 Budget €m	2012 Budget €m
NATIONAL	547	568
West	90.2m	94.8m

WTE	Projected December 2011	Projected start 2012 ceiling
NATIONAL		3,118
West	162	157

Secondly the programme is aligned to the development of the new children's agency under the aegis of the newly established Department of Children and Youth Affairs.

The primary focus of this plan for children and families in 2012 is the implementation of the comprehensive change programme which has consolidated all the reform initiatives arsing from recent reviews into a co-ordinated change programme.

During 2012 we will work with Department of Children and Youth Affairs to ensure that the priorities as identified in the *Programme for Government* are implemented where they relate to children and family services. This is particularly relevant in relation to establishing the new agency which will assume responsibility for the services presently delivered by the HSE.

Priorities for 2012

- Promote the major culture change required in planning and delivering services to children and their families.
- Implement consistent child protection procedures in line with the revised national guidelines - *Children First, 2011 – National Guidance for the Protection and Welfare of Children.*
- Continue the reforms necessary to provide a comprehensive range of high quality services for children in care.
- Improve effective multidisciplinary shared practice and efficient community engagement.
- Achieve 100% compliance of children in care with an allocated social worker, written care plan and care plan reviews.
- Achieve 100% compliance of foster carers who are approved and have an allocated social worker.

Key Result Areas

Key Result Area	Deliverable Output	Target Completion Quarter
Delivery of statutory services	**Maintain progress to ensure that all children in need of care and protection are assessed in a timely fashion, have an allocated social worker and defined care plans, which are reviewed as per the regulations:**	
	▪ Participate in the process to review the standards for children in care	Q1
	▪ Participate in the review of the use of supervision orders and contribute to the establishment of a national protocol.	Q1
	▪ Increase use of supervision and other protective strategies to maintain children at home safely	Q3
	▪ Monitor the application of the national practice on compliance with Section 3 of the *Child Care Act*	Q3
Cultural Change	**Implement procedures whereby all children are consulted about decisions that affect them, and children's collective views influence policy development :**	
	▪ Participate in the development of a set of national standards and training on consultation with children and young people	Q4
	▪ Disseminate the *Quick Guide* for staff on working with children and young people	Q1
	Develop and implement a Quality Assurance and Audit Framework across child protection, welfare, and alternative care services:	
	▪ Participate in the development and implementation of a Quality Assurance and audit framework	Q3
	▪ Introduce an audit tool to assess workload management in each Health Area	Q3
	▪ Prepare for the implementation of the HIQA child protection standards	Q2
	Consolidate arrangements to learn more from practice including serious case reviews:	
	▪ Review formal processes for serious case and child death reviews and the analysis and learning from such reviews	Q1
Implement consistent child protection procedures in line with revised national guidelines Children First	▪ Implement joint Agency / Garda protocols	Q4
	▪ Complete Children First briefings for HSE funded agencies	Q3
	▪ Enforce adherence to Children First guidance through Service level agreements	Q3
	▪ Participate in the delivery of joint HSE/Garda Specialist interview training	Q4
	▪ Participate in the delivery of HSE/An Garda Siochana joint Children First training.	Q4
	Ensure that child protection services can be readily accessed by local communities	
	▪ Participate in the development of a new National Service Delivery Model for children and family services in line with Children First, the Standardised Business Processes, and learning from pilot development sites.	Q4
	Implement the policy framework to revise and develop a consistent Child Protection system	
	▪ Standardise the implementation and structure of case conferences	Q1
	▪ Standardise thresholds for care and protection	Q1
	▪ Develop and implement a risk assessment and measurement tool	Q1
	▪ Develop a system for monitoring workloads	Q2
	▪ Development of a system of how cases are prioritised and allocated	Q2
	▪ Establish a Child Protection Register	Q2
	▪ Develop a framework for further assessment	Q2

Key Result Area	Deliverable Output	Target Completion Quarter
	Reinforce consistent, objective, evidence-based initial and core assessments which clearly assess the level of risk: ▪ Participate in the review of the implementation of Phase 1 of the standard business process which include implementation of a standardised initial assessment	Q2
	▪ Implementation of Phase 2 of the standard business process	Q3
	▪ Complete the implementation of the recommendations of 2007 *Report on Treatment Services for Persons who Exhibited Sexually Harmful Behaviour*	Q4
	▪ Review and evaluate the out of hours pilot site	Q1
Complete a series of reforms necessary to provide a comprehensive range of high quality services for children in care	**Provide time in care which is commensurate with the child's needs through the development and implementation of an integrated children services programme:** ▪ Implementation of the national plan based on the recommendations from the review of capacity within the alternative care services	Q1
	▪ Establish, in partnership with advocacy agencies, a regional forum for children and young people in care	Q3
	Ensure that there is up to date, timely, and accurate data on the number and circumstances of all children in the care system:	
	▪ Prepare the service for the introduction of the national childcare information system	Q3
	Implement procurement process for high tariff alternative care placements	Q3
	Monitor the implementation of the HSE aftercare policy	Q3
	Ensure that homeless children are given full access to children and family services under the *Child Care Act 1991*:	
	▪ Implement a policy on the use of accommodation options and on the use of and assessment criteria on supported lodgings providers	Q3
	▪ Exit interview conducted with children leaving or changing care placements	Q3
Promote effective multidisciplinary shared practice and efficient community engagement	**Take forward consistent family support arrangements as per the Family Support Action plan:**	
	▪ Commence the establishment of partnership with advocacy agencies, with a regional care forum for children and young people	Q4
	Continue to support the Children's Services Committees and contribute to any relevant reviews of future initiatives in this area	Q4
	Implement the *National Standards for EARLY YEARS Pre-School Services*	
	▪ Implement a national agreed standard operating policies / procedures with related business processes for the Early Years Inspectorate	Q4
	▪ Continue phased implementation of the Pre-School Standards	Q4
Work Force Development	▪ Participate in the development of Children and Family Services Workforce Development Strategy that reflects regional priorities and addresses continuous professional development needs for relevant staff	Q4
	▪ Provide court practice and procedure skills training	Q4
	▪ Implementation of the National Child and Family Services Staff Supervision Policy (2009).	Q4
	▪ Implement rotation of social workers across childcare, child protection and welfare teams where appropriate	Q3
	▪ Deliver training for supervisors and supervisees	Q4
	▪ Comply with establishment of probationary year of limited caseload, supervision and support for newly qualified social workers	Q1
	Prepare for the establishment of the New Children Agency	

Key Result Area	Deliverable Output	Target Completion Quarter
Work to ensure that the priorities as identified in the Programme for Government are implemented relating to children and family services	▪ Complete census of staff and resources at regional level.	Q1
	▪ Implement organisational design at regional and local level	Q1
	▪ Participate in the review of the change programme in line with the framework of the new agency.	Q1
	▪ Participate in the development of management structure and corporate governance	Q1

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
After Care	New PI		
No. of young adults aged 18 to 21 in receipt of an aftercare service on the last day of the reporting period		---	Baseline to be established in 2012
No. of young adults aged 18 to 21 in receipt of an aftercare service who are in full time education on the last day of the reporting period	New PI	---	Baseline to be established in 2012
Child Protection – Child Abuse	To be reported in 2011		
i). No. of referrals of child abuse and welfare concerns		---	Demand Led
ii). % of referrals of child abuse where a preliminary enquiry took place within 24 hours	---	---	Baseline to be established in 2012
iii). % of referrals which lead to an initial assessment	New PI	---	Demand Led
iv). % of these initial assessments which took place within 21 days of the referral	---	---	Baseline to be established in 2012
v). % of initial assessments which led to the child being listed on the Child Protection Notification System (CPNS)	New PI	---	Demand Led
Family Support Services	New PI		
No. of children referred during the reporting period		New PI	Baseline to be established in 2012
No. of children in receipt of a family support service at the end of the reporting period	New PI	New PI	Baseline to be established in 2012
Residential and Foster Care			
No. and % of children in care by care type	1,209	1,278	1,342
i). Special Care	<0.2%	0.4%	0.3%
ii). High Support	<0.5%	0.8%	0.5%
iii). Residential General Care (Note: Include Special Arrangements)	<6.3%	2.3%	<7%
iv). Foster care (not including day fostering)	60%	67.3%	59%
v). Foster care with relatives	30%	27.1%	30%
vi). Other care placements	3%	2.1%	3%
No. and % of children in private residential care (Note: Include special arrangements)	New PI	New PI	0%
No. and % of foster care private	New PI	New PI	1%
No. of children in single care residential placements	---	1	0
No. of children in residential care age 12 or under	---	1	0
No. of children in care in third placement within 12 months (all care types)	---	32	0
Children in Care in Education	New PI		
i). No. of children in care aged 6 to 16 inclusive		792	831
ii). No. and % of children in care between 6 and 16 years, in full time education	---	770 97.2%	100%
Allocated Social Workers			
No. and % of children in care who have an allocated social worker at the end of the reporting period:	100%	93.4%	100%
i). % of children in special care	100%	100%	100%
ii). % of children in high support	100%	80.0%	100%
iii). % of children in residential general care	100%	100%	100%
iv). % of children in foster care	100%	93.4%	100%

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
v). % of children in foster care with relatives	100%	92.8%	100%
vi). % of children in other care placements	100%	100%	100%
Care Planning No. and % of children in care who currently have a written care plan as defined by *Child Care Regulations 1995*, at the end of the reporting period	100%	99.4%	100%
i). % of children in special care	100%	100%	100%
ii). % of children in high support	100%	100%	100%
iii). % of children in residential general care	100%	100%	100%
iv). % of children in foster care	100%	99.2%	100%
v). % of children in foster care with relatives	100%	99.7%	100%
vi). % of children in other care placements	100%	100%	100%
Foster Carer Total no. of foster carers	New PI	936	983
No. and % of foster carers approved by the foster care panel	New PI	864 92.3%	885 90%
No. and % of relative foster carers where children have been placed for longer than 12 weeks whilst the foster carers are awaiting approval by the foster care panel, Part III of Regulations	---	New PI	Baseline to be established in 2012
No. and % of approved foster carers with an allocated worker	100%	819 94.8%	100%
Children and Homelessness No. of children placed in youth homeless centres / units for more than four consecutive nights (or more than 10 separate nights over a year)	New PI	New PI	Baseline to be established in 2012
No. and % of children in care placed in a specified youth homeless centre / unit	New PI	New PI	Baseline to be established in 2012
Out of Hours No. of referrals made to the Emergency Out of Hours Place of Safety Service	New PI	119	125
No. of children placed with the Emergency Out of Hours Placement Service	New PI	79	83
No. of nights accommodation supplied by the Emergency Out of Hours Placement Service	New PI	179	188
Early Years Services No. of notified early years services in operational areas	---	1,355	1,355
% of early years services which received an inspection	---	63.9%	100%
No. and % of early years services that are fully compliant	New PI	---	Baseline to be established in 2012
No. of notified full day early years services	New PI	333 7 areas	333 7 areas
% of full day services which received an annual inspection	---	---	100%
No. of early years services in the operational area that have closed during the quarter	New PI	---	Demand Led
No. of early years service complaints received	New PI	---	Demand Led
% of complaints investigated	---	---	
No. of prosecutions taken on foot of inspections in the quarter	New PI	---	Demand Led

Palliative Care

Introduction

Palliative care is an approach that improves the quality of life of patients and their families facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. In recent years, the scope of palliative care has broadened and includes supporting people through non-malignant and chronic illness, in addition to cancer related diseases.

Palliative care services in HSE West are provided through a combination of in-patient, homecare, daycare and hospice at home services. These services are provided by a combination of the HSE and four voluntary service providers.

Resources - Palliative Care - HSE West

		2011 Budget €m	2012 Budget €m
Finance	**Total**	**17.7m**	**17.2m**
		Projected Start January 2012	
WTE	**Total**	**55**	

Priorities for 2012

- Develop and implement guidelines and pathways to improve out of hours services
- Participate in implementing the recommendations to develop paediatric palliative care services.
- Implement national standardised admission, discharge and referral criteria to increase efficiency and uniformity of care.
- Implement evidence based guidelines and clinical pathways for palliative care practitioners.
- Work with voluntary partners to develop new service facilities in Mayo and Roscommon.

Based on the recommendations in the *Report of the National Advisory Committee on Palliative Care 2001* and the *Palliative Care Services – Five Year / Medium Term Development Framework (2009 – 2013)* - the *HSE Corporate Plan 2011 – 2014,* sets out our goals for palliative care, which is to ensure that patients with life-limiting conditions, and their families, can easily access a level of palliative care service that is appropriate to their needs, regardless of age, care setting, or diagnosis. In 2012 we will progress actions to meet these goals.

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Paediatric Palliative Care	Progress the implementation of recommendations in the national policy document *Palliative Care for Children with Life-Limiting Conditions in Ireland (2009)*: ▪ Complete the recruitment process for 1 Outreach Nurse in Mid West, which is funded by the Irish Hospice Foundation. (€75k)	Q1
	▪ Complete the national needs assessment for respite facilities for children with life-limiting conditions, and their families, in HSE West. This work will be led by the Office of the National Programme Lead and is cost-neutral.	Q2
Access, Assessment of Need and Referral to Specialist Palliative Care Services	▪ Implement national standardised admission, discharge and referral criteria to increase efficiency and uniformity of care	Q1
	▪ Implement a benchmark for time from referral of patient to specialist palliative care services first point of contact	Q3
	▪ Implement a systematic process of assessment of need, resulting in the development of care plans for people with life-limiting conditions	Q4
Generalist and Specialist Palliative Care in the Community	▪ Implement national evidence-based guidelines and clinical pathways for generalist and specialist palliative care practitioners	Q4
	▪ Implement national guidelines and pathways to improve out of hours services	Q4
Involving Patients and their Families	▪ Promote the importance of involving families and carers in decisions about care through advance care planning and needs assessment processes	Q1-Q4
	▪ Provide organisations with readily available information on local palliative care services	Q1

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	▪ Provide organisations with information on how to access bereavement support services	Q3
Develop Evidence-based Performance Measures	▪ Strengthen the mechanisms for the collection and analysis of data to support the development and evaluation of palliative care services	Q1-Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
Waiting Times Inpatient			
i) Specialist palliative care inpatient bed within 7 days	---	86%	35%
ii) Specialist palliative care Inpatient bed within 1 month	99.5%	94%	94%
Waiting Times Community			
Specialist palliative care services in the community (home care) provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital)	---	88%	88%
Specialist palliative care services in the community (home care) provided to patients in their place of residence within 1 month (Home, Nursing Home, Non Acute hospital)	99%	97%	97%
Inpatient Units			
No. of patients in receipt of treatment in specialist palliative care inpatient units	130	150	150
No. of admissions to specialist palliative care inpatient units	1,113	1233	1233
No. of discharges, transfers from the specialist palliative care Inpatient			
i). Discharges	116	62	62
ii). Transfers	524	590	590
iii). Deaths	---	569	--
Community Home Care			
No. of patients in receipt of specialist palliative care in the community	874	941	941
Day Care			
No. of patients in receipt of specialist palliative day care services	82	75	75
Community Hospitals			
No. of patients in receipt of care in designated palliative care support beds	39	31	31
New Patients			
No. of new patients, seen or admitted to the specialist palliative care service (reported by age profile)			
i). Specialist palliative care inpatient units	23	66	66
ii). Specialist palliative care services in the community (home care)	160	194	194

Social Inclusion

Introduction

Social inclusion services focus on addressing health inequalities through the provision of targeted services, supporting enhanced responsiveness of mainstream services and facilitating partnership and inter-sectoral working.

Resources-Social Inclusion - HSE West

		2011 Budget €m	2012 Budget €m
Finance	**Total**	**15.3m**	**14.2m**
		Projected Start January 2012	
WTE	**Total**	**86**	

Priorities for 2012

- Provide methadone treatment to 290 clients.
- Provide support services for 205 homeless persons.
- Provide for West Traveller health screening – of 1,650 national total.
- Implement a range of national social inclusion strategies and policies. These include actions in areas such as addiction services, homelessness, intercultural health and Travellers' Health.
- Implement the *National Drugs Strategy 2009-2016* actions in relation to treatment, rehabilitation and prevention.
- Prioritise and implement recommendations of anticipated *National Substance Misuse Strategy*.
- Prioritise and implement recommendations of anticipated *HSE National Hepatitis C Strategy*.
- Implement *National Homeless Strategy* in conjunction with other key partners.
- Progress recommendations of the *HSE National Intercultural Health Strategy 2007-2012*.
- Progress priority actions informed by the *All Ireland Traveller Health Study 2011*.
- Progress priority actions agreed by the National AIDS Strategy's Education and Prevention Sub-committee.

Key Result Area	Deliverable Output 2012	Target Completion Quarter
Addiction Services	**Implementation of the *National Drugs Strategy (NDS) 2009-2013*** **Implement recommendations from *HSE Opioid Treatment Protocol*:**	
	▪ Implement new clinical guidelines on the treatment of opioid addiction across the full range of drug services. The guidelines will include an implementation plan for the move to less urine testing and a greater clinical focus on the use of the results of drug testing samples	Q1-Q4
	▪ Submit and provide information quarterly on Methadone Waiting list	Q1-Q4
	▪ Submit and provide information on exits from the Methadone Treatment list	Q2-Q4
	Implement Report of Working Group on Drugs 2007 and HSE National Drugs Rehabilitation Framework 2010: ▪ Participate where appropriate in an analysis of HSE's *National Drugs Rehabilitation Framework* for usefulness for the following groups: service users, case managers, key workers within other disciplines and service managers	Q4
	▪ Measure client care plan progression over the course of 2012	Q4
	▪ Identify the barriers that hinder care planning / case management at the systemic and individual client level	Q4
	Prioritise and implement HSE actions in the *National Substance Misuse Strategy,* following its publication: ▪ Participate in an annual training plan which targets emerging trends in addiction and reflects best practice via the HSE National Addiction Training Programme	Q1
	▪ Implement Quality Standards (Quality in Addiction and Drug Services, QuADS)	Q1-Q4
	▪ Participate in an effectiveness review exercise on all current forms of needle exchange provision currently funded by the HSE	Q4
	▪ Participate in an Alcohol Public Education / Awareness Campaign	Q1
	▪ Further develop web based information and awareness systems for addiction	Q4
	▪ Participate in the development of a national drug and alcohol service directory to include information on treatment and rehabilitation and geo-mapping for staff and service (linked with HSE Health Intelligence Unit and Health Atlas)	Q3
Homelessness	**Implement *National Homeless Strategy* in conjunction with other key partners:** ▪ Agree interagency referral and care pathways between in-reach and targeted health services for homeless people, travellers and other social inclusion	Q1-Q4

Key Result Area	Deliverable Output 2012	Target Completion Quarter
	groups, and mainstream health services in community and hospital settings	
	▪ Ensure that the existing care plan / key worker system is operating effectively to support the introduction of the proposed care and case management approach across the homeless services sector	Q1-Q4
	▪ Review existing discharge protocols for homeless persons leaving acute care to ensure that the recommended practices of the HSE *Code of Practice for Integrated Discharge Planning* are fully implemented	Q2
Intercultural Health	**Implement recommendations from HSE *National Intercultural Health Strategy:***	
	▪ Enhance accessibility, improve data and support staff in ensuring culturally competent service delivery	Q1-Q4
	▪ Extend the roll-out of the ethnic identifier to capture key health information of minority ethnic groups in the region where applicable	Q2
	▪ Assist staff through a national database to access and develop appropriate translated health related material	Q4
Traveller Health	▪ Progress delivery of recommendations in the *All-Ireland Traveller Health Study,* with particular reference to those priority areas identified such as mental health, suicide, men's health, addiction / alcohol, domestic violence, diabetes and cardiovascular health	Q1-Q4
LGBT Health	▪ Implement *Health Strategy and Action Plan* for LGBT people when launched	Q1
	▪ In collaboration with the national framework develop LGBT health specific actions in respect of identified priority areas such as transgender health, mental health and lesbian health	Q4
National Hepatitis C Strategy	▪ Implement prioritised, resource neutral recommendations of HSE *National Hepatitis C Strategy* once published	Q2-Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	West	West	West
Methadone Treatment No. of clients in methadone treatment (outside prisons)	275	289	290
No. of clients in methadone treatment (prisons)	---		---
Substance Misuse No. and % of substance misusers (over 18 years) for whom treatment has commenced within 1 month following assessment	--- 100%	132 89.8%	-- 100%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment	--- 100%	14 100%	--- 100%
Homeless Services individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	75% New PI for 2011	205 76%	205 ---
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose needs have been formally assessed within one week	---	New PI for 2012	
No. and % of service users admitted to homeless emergency accommodation hostels / facilities who have a written care plan in place within two weeks	---	New PI for 2012	
Needle Exchange Programme (NEP) No. of pharmacists recruited to provide NEP	---	New PI for 2012	
Traveller Health Screening clients to receive national health awareness / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) through the THU / Primary Health Care Projects	---	New PI for 2012	10% proportion of targeted population in each region

National Performance Indicator and Activity Suite

Promoting and Protecting Health				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Immunisations and Vaccines % of children (aged 12 months): 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine Haemophilus influenzae type b (Hib_3) Polio ($Polio_3$) hepatitis B ($HepB_3$) (6 in 1)	AND HP Quarterly	95%	90%	95%
% of children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV_2)	AND HP Quarterly	95%	89%	95%
% of children at 12 months of age who have received two doses of the Meningococcal group C vaccine ($MenC_2$)	AND HP Quarterly	95%	89%	95%
% children (aged 24 months): 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)	AND HP Quarterly	95%	95%	95%
% children (aged 24 months): 1 dose Haemophilus influenzae type B (Hib) vaccine	AND HP Quarterly	New PI 2012	New PI 2012	95%
% children (aged 24 months): 3 doses Pneumococcal Conjugate (PCV_3) vaccine	AND HP Quarterly	New PI 2012	New PI 2012	95%
% children (aged 24 months) who have received the Measles, Mumps, Rubella (MMR) vaccine	AND HP Quarterly	95%	92%	95%
% children (aged 4-5 years): 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	AND HP Quarterly	New PI 2012	New PI 2012	95%
% children (aged 4-5 years): 1 dose Measles, Mumps, Rubella (MMR) vaccine	AND HP Quarterly	New PI 2012	New PI 2012	95%
% children (aged 11-14 years): 1 dose Tetanus, low dose Diphtheria, Accelular Pertussis (Tdap) vaccine	AND HP Quarterly	New PI 2012	New PI 2012	95%
No. and % of first year girls to have received third dose of HPV vaccine by August 2012	AND HP Annually	New PI 2012	New PI 2012	New PI 2012 80%
No. and % of sixth year girls to have received third dose of HPV vaccine by August 2012	AND HP Annually	New PI 2012	New PI 2012	New PI 2012 80%
Child Health / Developmental Screening % of newborns who have had newborn bloodspot screening (NBS)	AND HP	New PI 2012	New PI 2012	100%
% newborn babies visited by a PHN within 48 hours of hospital discharge	AND HP Quarterly	95%	83%	95%
% newborn babies visited by a PHN within 72 hours of hospital discharge	AND HP Quarterly	100%	94%	95%
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	AND HP Monthly	90%	82%	95%
Tobacco Control No. of sales to minors, test purchases carried out	AND HP Quarterly	320	270	216
No. of offices, per region, carrying out sales to minors test purchase activities	AND EH Bi-annually	2 per region	2 per region (different offices)	2 per region (different offices)
No. and % HSE campuses with tobacco-free policy: i). Hospitals	AND HP Quarterly	New PI 2012	New PI 2012	12 27%
ii). Administration campuses	AND HP Quarterly	New PI 2012	New PI 2012	100%
No. of frontline staff trained in brief intervention smoking cessation across primary care and acute campuses	AND HP Quarterly	New PI 2012	New PI 2012	3,521
Food Safety % of Category 1, 2 and 3 food businesses receiving inspection target as per FSAI Guidance Note Number 1	AND HP Quarterly	100%	92%	100%
All Category 1 food establishments to receive a microbiological food sample	AND HP	New PI 2012	New PI 2012	100%

Promoting and Protecting Health				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
	Quarterly			
Food Import Control % of total no. of food consignments imported which are subject to Regulation 669/2009 additional controls that receive the additional official controls	AND HP Quarterly	100%	100%	100%
International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the IHR 2005	AND EH Bi-annually	8	8	8
Cosmetic Product Safety No. and % of scheduled samples taken	AND HP Quarterly	New PI 2012	New PI 2012	400
No. of cosmetic product inspections	AND HP Quarterly	New PI 2012	New PI 2012	1,780

Primary Care and other Community Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Primary Care No. of PCTs that have commenced holding Clinical Team meetings (CTM)	AND PC Monthly	New PI for 2012	New PI for 2012	492
No. of PCTs that held at least one CTM during the reported month with or without GPs	AND PC Monthly	New PI for 2012	New PI for 2012	492
No. of patients / clients discussed at a CTM for the reported month	AND PC Monthly	83,205	20,942	29,520
No. of patients discussed at CTMs with a multidisciplinary plan of care in place	AND PC Monthly	New PI for 2012	New PI for 2012	14,760
No. and % of PHNs who are assigned to PCTs (as defined between DoH and HSE)	AND PC Quarterly	1,283 100%	1,277 100%	1,277
No. of PCTs implementing structured GP Chronic Disease Management for Diabetes to incorporate the structured management of chronic diseases within this cohort of patients	AND PC Quarterly	New PI for 2012	New PI for 2012	270
No. of Health and Social Care Networks in operation	AND PC Monthly	New PI for 2012	New PI for 2012	50
No. of Health and Social Care Networks in development	AND PC Monthly	New PI for 2012	New PI for 2012	79
No. of PCTs implementing a structured programme to address health inequalities (as outlined in the HSE *Health Inequalities Framework*)	AND PC Quarterly	New PI for 2012	New PI for 2012	10
No. and % of Operational Areas with community representation for PCT and Network Development	AND PC Quarterly	New PI for 2012	New PI for 2012	17 100%
GP Out of Hours No. of contacts with GP out of hours	AND PCRS Monthly	968,000	957,126	957,126
Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	AND PC Monthly	New PI for 2012	New PI for 2012	169,006
Health Care Associated Infection: Antibiotic Consumption Consumption of antibiotics in community settings	ND Quality and Patient Safety Bi-annually	New PI for 2012	New PI for 2012	New PI for 2012
Orthodontics No. of patients receiving active treatment during reporting period	National Lead Oral Health Quarterly	18,000	13,777	13,777
No. of patients in retention during reporting period	National Lead Oral Health Quarterly	To be disaggregated in 2011	3,466	3,466
No. of patients who have been discharged with completed orthodontic treatment during reporting period	National Lead Oral Health Quarterly	2,000	1,423	1,423

Primary Care and other Community Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Waiting time for Orthodontic Assessment from primary care referral i). Grade 5i (Impacted canines) – No. of Grade 5i assessed within 3 months, no. of Grade 5i assessed within 6 months	National Lead Oral Health Quarterly	New PI for 2012	New PI for 2012	New PIs for 2012 These are being piloted in one area initially in 2012
ii). Grade 5a (Overjet) – No. of Grade 5a assessed within 3 months, no. of Grade 5a assessed within 6 months.	National Lead Oral Health Quarterly	New PI for 2012	New PI for 2012	
Waiting time for Orthodontic Treatment: (Grade 5i and Grade 5a) i). No. of Grade 5i treated within 6 months of orthodontic assessment	National Lead Oral Health Quarterly	New PI for 2012	New PI for 2012	New PIs for 2012 These are being piloted in one area initially in 2012
ii). No. of Grade 5i treated within 9 months of orthodontic assessment.	National Lead Oral Health Quarterly	New PI for 2012	New PI for 2012	
iii). No. of Grade 5a treated within 6 months of orthodontic assessment	National Lead Oral Health Quarterly	New PI for 2012	New PI for 2012	
iv). No. of Grade 5a treated within 9 months of orthodontic assessment.	National Lead Oral Health Quarterly	New PI for 2012	New PI for 2012	

Community (Demand-Led) Schemes				
Performance Activity	**Reported By and Frequency**	**Expected Activity 2011**	**Projected Outturn 2011**	**Expected Activity 2012**
Medical and GP Visit Cards No. persons covered by Medical Cards	AND PCRS Monthly	1,779,585	1,733,126	1,867,705
No. persons covered by discretionary Medical Cards	AND PCRS Monthly	80,502	76,644	85,000
No. persons covered by GP Visit Cards	AND PCRS Monthly	138,816	132,097	148,482
No. persons covered by discretionary GP Visit Cards	AND PCRS Monthly	17,423	16,904	20,000
Long Term Illness No. of Claims	AND PCRS Monthly	978,111	825,255	844,241
No. of Items	AND PCRS Monthly	3,178,861	2,731,595	2,794,437
Drug Payment Scheme No. of Claims	AND PCRS Monthly	3,836,264	3,187,303	2,726,939
No. of Items	AND PCRS Monthly	11,355,342	9,880,639	8,453,510
GMS No. prescriptions	AND PCRS Monthly	20,364,442	20,336,688	22,154,661
No. of Items	AND PCRS Monthly	63,076,913	57,146,092	61,589,957
No. of claims – Special items of Service	AND PCRS Monthly	740,274	863,736	859,123
No. of claims – Special Type Consultations	AND PCRS Monthly	1,098,668	1,108,649	1,074,340
HiTech No. of Claims	AND PCRS Monthly	435,345	428,994	452,267
DTSS No. of treatments (above the line)	AND PCRS Monthly	968,784	961,500	1,164,805
No. of treatments (below the line)	AND PCRS Monthly	53,916	41,989	50,867

Community (Demand-Led) Schemes				
Performance Activity	**Reported By and Frequency**	**Expected Activity 2011**	**Projected Outturn 2011**	**Expected Activity 2012**
No. of patients who have received treatment (above the line)	AND PCRS Monthly	New PI 2011	961,500	1,164,805
No. of patients who have received treatment (below the line)	AND PCRS Monthly	New PI 2011	41,989	50,867
Community Ophthalmic Scheme No. of treatments	AND PCRS Monthly	715,455	708,862	739,579
i). Adult	AND PCRS Monthly	652,186	648,889	677,007
ii). Children	AND PCRS Monthly	63,269	59,973	62,572
Performance Indicators	**Reported By and Frequency**	**Expected Target 2011**	**Projected Outturn 2011**	**Expected Target 2012**
Medical Cards % of Medical Cards processed which are issued within 15 working days of complete application	AND PCRS Quarterly, commencing Q2	---	---	Baseline to be set in 2012 (for reporting from Q2)
Median time between date of complete application and issuing of Medical Card	AND PCRS Quarterly, commencing Q2	---	---	Baseline to be set in 2012 (for reporting from Q2)
GP Visit Cards % of GP Visit cards processed which are issued within 15 working days of complete application	AND PCRS Quarterly, commencing Q2	---	---	Baseline to be set in 2012 (for reporting from Q2)
Median time between date of complete application and issuing of GP Visit Card	AND PCRS Quarterly, commencing Q2	---	---	Baseline to be set in 2012 (for reporting from Q2)

Hospital Services				
Performance Indicators	**Reported By and Frequency**	**Expected Activity 2011**	**Projected Outturn 2011**	**Expected Activity 2012**
Overall ALOS for all inpatient discharges and deaths	AND Acute Services Monthly	5.6	6	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	AND Acute Services Monthly	5	4.7	4.5
% of elective inpatients who had principal procedure conducted on day of admission	AND Acute Services Monthly	75%	49%	75%
% of day case surgeries as % of day case plus inpatients, for a specified basket of procedures	AND Acute Services Monthly	75%	72%	75%
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	AND Acute Services			9.6%
No. of people readmitted to ICU within 48 hours	AND Acute Services			New PI for 2012
% of emergency admissions who had fracture surgery conducted within 48 hours of admission (pre-op LOS 0 or 1)	AND Acute Services		80%	95%
No. of first presentations to hospital with a primary diagnosis of development dysplasia of hip (DDH) at 1 year of age or older	AND Acute Services			New PI for 2012
Delayed Discharges Reduction in bed days lost through Delayed Discharges	Clinical Lead		817	Reduce by 10% New PI 2012

Hospital Services				
Performance Indicators	**Reported By and Frequency**	**Expected Activity 2011**	**Projected Outturn 2011**	**Expected Activity 2012**
				Reduce by 10%
Outpatients (OPD) New: Return ratio	AND Acute Services Monthly	1:2		
Births % delivered by Caesarean Section	AND Acute Services Monthly	20%		
Colonoscopy / GI Service No. of people waiting more than 4 weeks for an urgent colonoscopy	AND Acute Services Monthly			0
No. of people waiting more than 3 months for all GI scopes	AND Acute Services			+-5%
Unscheduled Care % of all attendees at ED who are discharged or admitted within 6 hours of registration	AND Acute Services Monthly	100%		95%
No. of patients admitted through ED who waited more than 9 hours from registration	AND Acute Services Monthly			0%
Scheduled Care % of adults waiting > 9 months (inpatient)	AND Acute Services Monthly			0 by Sept 2012
% of adults waiting > 9 months (day case)	AND Acute Services Monthly			0 by Sept 2012
No. and % of adults waiting > 12 months (OPD)	AND Acute Services Monthly			tbd
No. and % of children waiting > 3 months (inpatient)	AND Acute Services Monthly			60% <3 months by Sept 2012
No. and % of children waiting > 3 months (day case)	AND Acute Services Monthly			60% <3 months by Sept 2012
No. and % of children waiting > 3 months (OPD)	AND Acute Services Monthly			60% <3 months by Sept 2012
No. and % of children waiting > 6 months (inpatient)	AND Acute Services Monthly			100% <6 months by Sept 2012
No. and % of children waiting > 6 months (day case)	AND Acute Services Monthly			100% <6 months by Sept 2012
No. and % of children waiting > 6 months (OPD)	AND Acute Services Monthly			100% <6 months by Sept 2012
Blood Policy No. of units of platelets ordered in the reporting period	ND Quality and Patient Safety Monthly	22,000		22,000
% of units of platelets outdated in the reporting period	ND Quality and Patient Safety Monthly	<10%		<10%
% usage of O Rhesus negative red blood cells	ND Quality and Patient Safety Monthly	<11%		<11%
% of red blood cell units rerouted to hub hospital	ND Quality and Patient Safety	<5%		<5%

Hospital Services				
Performance Indicators	**Reported By and Frequency**	**Expected Activity 2011**	**Projected Outturn 2011**	**Expected Activity 2012**
	Monthly			
% of red blood cell units returned out of total red blood cell units ordered	ND Quality and Patient Safety Monthly	<2%		<2%
Health Care Associated Infection (HCAI) No. of new MRSA notifications and the rate per 1,000 beds days used	ND Quality and Patient Safety Quarterly	Reduce to 0.085 per 1,000 bed days		Reduce to 0.080 per 1,000 bed days
No. and rate of new cases of Clostridium difficile associated diarrhoea	ND Quality and Patient Safety Quarterly			10% reduction
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	ND Quality and Patient Safety Quarterly	76 DDD per 100 bed days		73
Alcohol Hand Rub consumption per 1,000 bed days used	ND Quality and Patient Safety Quarterly	23 litres per 1,000 bed days used		23 L/1,000BDU
Compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	ND Quality and Patient Safety Bi-annually			85% compliance
Consultant Public: Private Mix Casemix adjusted public private mix by hospital for inpatients	AND Acute Services Quarterly	80:20		
Casemix adjusted public private mix by hospital for daycase	AND Acute Services Quarterly	80:20		
Consultant Contract Compliance % of consultants compliant with contract levels (Type B / B* / C)	AND Acute Services Quarterly	100%		
First Responder response times to potential or actual 112 (999) life threatening emergency calls % of Clinical Status 1 ECHO incidents responded to by first responder in 7 minutes and 59 seconds or less	AND Ambulance Monthly	75%	49%	75%
% of Clinical Status 1 DELTA incidents responded to by first responder in 7 minutes and 59 seconds or less	AND Ambulance Monthly	75%	26%	75%
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	AND Ambulance Monthly	Baseline to be established	69%	80% by June 2012 85% by Dec 2012
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	AND Ambulance Monthly	Baseline to be established	67%	80% by June 2012 85% by Dec 2012

Hospital Services: Clinical Programmes		
Performance Indicators	**Reported By and Frequency**	**Target 2012**
Epilepsy % reduction in Waiting time for new epilepsy referrals to OPD	Clinical Lead Quarterly,	New PI 2012
% reduction in Median LOS for epilepsy inpatient discharges	Clinical Lead Quarterly	New PI 2012
% reduction in no. of bed days for epilepsy inpatient discharges	Clinical Lead Quarterly	New PI 2012
Diabetes % reduction in lower limb amputation from Diabetes	Clinical Lead Annually	New PI 2012
% reduction in hospital discharges for lower limb amputation and foot ulcers in diabetics	Clinical Lead Annually	New PI 2012
% of registered Diabetics invited for retinopathy screening	Clinical Lead Quarterly, commencing	New PI 2012

Hospital Services: Clinical Programmes		
Performance Indicators	**Reported By and Frequency**	**Target 2012**
	Q3	
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Clinical Lead Quarterly, commencing Q4	New PI 2012
% STEMI patients (or LBBB) who get timely reperfusion therapy: a) First medical contact (FMC) to balloon < = 120 mins or b) First door to balloon <= 90 mins or c) Door to needle <= 30 mins	Clinical Lead Quarterly	New PI 2012
Median LOS and bed days for a) STEMI and b) NSTEMI pts	Clinical Lead Quarterly	New PI 2012
Heart Failure Rate (%) readmission for heart failure within 3 months following discharge from hospital	Clinical Lead Quarterly, commencing Q3	New PI 2012
Median LOS and bed days for patients admitted with principal diagnosis of acute heart failure	Clinical Lead Quarterly	New PI 2012
% patients with acute HF who are seen by HF programme during their hospital stay	Clinical Lead Quarterly, commencing Q3	New PI 2012
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Clinical Lead Bi-annually, commencing Q4	New PI 2012
The % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	Clinical Lead Bi-annually, commencing Q4	New PI 2012
For acute stroke patients admitted to an acute or combined stroke unit, the % of their hospital stay in the stroke unit	Clinical Lead Bi-annually, commencing Q4	New PI 2012
COPD Mean and median LOS (and bed days) for patients with COPD	Clinical Lead Quarterly	New PI 2012
% re-admission to same acute hospitals of patients with COPD within same calendar year	Clinical Lead Quarterly	New PI 2012
% of acute hospitals with COPD outreach programme	Clinical Lead Bi-annually	New PI 2012
% of acute hospitals and LHOs with access to Pulmonary Rehabilitation Programme	Clinical Lead Bi-annually	New PI 2012
Asthma % nurses in primary and secondary care who are trained by national asthma programme	Clinical Lead Annually	New PI 2012
No. of asthma beds days prevented annually	Clinical Lead Annually	New PI 2012
No. of deaths caused by asthma annually	Clinical Lead Annually	New PI 2012
Dermatology OPD No. of new patients waiting >3 months for dermatology OPD appointment	Clinical Lead Quarterly, commencing Q2	New PI 2012
Referral: New Attendance ratio – dermatology OPD	Clinical Lead Quarterly, commencing Q2	New PI 2012
Rheumatology OPD No. of new rheumatology outpatients seen per hospital per year	Clinical Lead Quarterly, commencing Q2	New PI 2012
Referral: New Attendance ratio – rheumatology OPD	Clinical Lead Quarterly, commencing Q2	New PI 2012
Neurology OPD No. of new patients waiting for neurology OPD appointment	Clinical Lead Quarterly, commencing Q2	New PI 2012

Hospital Services: Clinical Programmes		
Performance Indicators	**Reported By and Frequency**	**Target 2012**
Length of time patients are waiting for neurology outpatient appointment	Clinical Lead Quarterly, commencing Q2	New PI 2012
Referral: New Attendance ratio – neurology OPD	Clinical Lead Quarterly, commencing Q2	New PI 2012
ED % of all patients arriving by ambulance wait < 20 mins for handover to doctor / nurse	Clinical Lead Monthly	New PI 2012
% of new ED patients who leave before completion of treatment	Clinical Lead Monthly	New PI 2012
% of patients spending less than 24 hours in Clinical Decision Unit	Clinical Lead Monthly	New PI 2012
Acute Medicine Total Medical Assessment Time (TMAT)	Clinical Lead Monthly	New PI 2012
Reduction in Medical bed days used	Clinical Lead Monthly	New PI 2012 Reduce by 30%

Cancer Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Symptomatic Breast Cancer Services No. of urgent attendances	NCCP Monthly	13,000	13,690	13,000
No. of non urgent attendances	NCCP Monthly	26,000	24,666	25,000
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(No. and % offered an appointment that falls within 2 weeks)*	NCCP Monthly	12,350 95%	13,590 99.3%	12,350 95%
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals *(No. and % offered an appointment that falls within 12 weeks)*	NCCP Monthly	25,000 95%	23,441 95%	23,750 95%
Breast Cancer Screening No. of invited women who attend for breast screening	NCCP Monthly	New PI for 2012	New PI for 2012	140,000
Lung Cancers No. of attendances at rapid access lung clinic	NCCP Quarterly	New PI for 2011	1,924	To be determined
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	NCCP Quarterly	95%	1,713 89%	95%
Prostate Cancers No. of centres providing surgical services for prostate cancers	NCCP Quarterly	5	7	6
No. of new / return attendances and DNAs at rapid access prostate clinics	NCCP Quarterly	New PI for 2012	New PI for 2012	To be determined
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	NCCP Quarterly	New PI for 2012	New PI for 2012	90%
Rectal Cancers No. of centres providing services for rectal cancers	NCCP Quarterly	8	13	8
Radiotherapy No. of patients who completed radiotherapy treatment for breast, lung, rectal or prostate cancer in preceding quarter	NCCP Quarterly	New PI for 2012	New PI for 2012	To be determined
No. and % of patients undergoing radiotherapy treatment for breast, prostate, lung or rectal cancer who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist	NCCP Quarterly	New PI for 2012	New PI for 2012	90%

Older People's Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Home Care Packages i). Total no. of persons in receipt of a HCP:	AND SOP Monthly	10,230	10,869	
ii). No. and % direct provision	AND SOP Monthly	New PI for 2011	3,956 36%	
iii). No. and % indirect provision	AND SOP Monthly	New PI for 2011	6,914 64%	
iv). No. and % cash grants	AND SOP Monthly	New PI for 2011	1,289 12%	
v). No. and % respite	AND SOP Monthly	New PI for 2011	64 0.4%	
vi). No. and % multiple types	AND SOP Monthly	New PI for 2011	591 6%	
No. of HCPs provided	AND SOP Monthly	5,300	5,300	
No. of new HCP clients per month	AND SOP Monthly	4,400	5,629	
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	AND SOP Monthly	11.98m	11.22m	
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	AND SOP Monthly	54,000	50,623	
Day Care No. of day care places for older people	AND SOP	Baseline to be set		To be determined
No. of clients benefiting from day care places	AND SOP	Baseline to be set		To be determined
NHSS No. of people in long-term residential care availing of NHSS	AND SOP NHSS Monthly	Baseline to be set	23,400	
No. and proportion of those who qualify for ancillary state support who chose to avail of it	AND SOP NHSS Monthly	Baseline to be set	3,744	
% of complete applications processed within four weeks	AND SOP NHSS Monthly	100%	100%	
Subvention No. in receipt of subvention	AND SOP Monthly	Dependent on uptake of NHSS	1,370	
No. in receipt of enhanced subvention	AND SOP Monthly	Dependent on uptake of NHSS	720	
Public Beds No. of beds in public residential care setting for older people	AND SOP Monthly	8,200	7,987	7,089 – 7,432 (min and max range)
No. of people in long-term residential care who are in contract beds	AND SOP NHSS Monthly	New PI for 2012	New PI for 2012	
No. of 'saver' cases in public and voluntary nursing homes	AND SOP NHSS Monthly	New PI for 2012	New PI for 2012	
Elder Abuse No. of new referrals by region	AND SOP Quarterly	Demand led	1,660	Demand led
No. and % of new referrals broken down by abuse type: i). Physical	AND SOP Quarterly	Baseline to be set	335 (11%)	
ii). Psychological	AND SOP	Baseline to be set	897 (30%)	

Older People's Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
	Quarterly			
iii). Financial	AND SOP Quarterly	Baseline to be set	587 (19%)	
iv). Neglect	AND SOP Quarterly	Baseline to be set	482 (16%)	
No. of active cases	AND SOP Quarterly	New PI for 2011	1,798	
% of referrals receiving first response from senior case workers within four weeks	AND SOP Quarterly	100%	100%	100%

Mental Health Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Adult Inpatient Services No. of admissions to adult acute inpatient units	AND MH Quarterly	14,908	14,163	14,163
Median length of stay	AND MH Quarterly	10.5	11	11
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment per quarter	AND MH Quarterly	88.1	83.5	89.8
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment per quarter	AND MH Quarterly	26.7	26.7	28.7
Acute readmissions as % of admissions	AND MH Quarterly	69%	68%	68%
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment per quarter	AND MH Quarterly	61.4	56.9	61.2
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area per quarter	AND MH Quarterly	24.2	24.2	29.8
No. of adult involuntary admissions	AND MH Quarterly	1,332	1,388	1,388
Rate of adult involuntary admissions per 100,000 population in mental health catchment per quarter	AND MH Quarterly	7.86	8.2	8.8
Child and Adolescent *A Vision for Change* recommended no. of child and adolescent Community Mental Health Teams	AND MH Quarterly	54	56	57
A Vision for Change recommended no. of child and adolescent Day Hospital Teams	AND MH Quarterly	3	2	2
A Vision for Change recommended no. of Paediatric Liaison Teams	AND MH Quarterly	3	3	3
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	AND MH Monthly	220	140	140
No. of children / adolescents admitted to adult HSE mental health inpatient units (reported annually) i). <16 years ii). <17 years iii). <18 years	AND MH Monthly	<100 Admission of children to adult mental health inpatient units to cease except in exceptional circumstances by December 1st 2011	130	<100
Total no. of involuntary admissions of children and adolescents (annually)	AND MH Annually	16	16	16

Mental Health Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
% of involuntary admissions of children and adolescents (annually)	AND MH Annually	5%	5%	5%
No. of child / adolescent referrals (including re-referred**) received** by mental health services	AND MH Monthly	11,319	12,493	12,493
No. of child / adolescent referrals (including re-referred) **accepted** by mental health services	AND MH Monthly	7,925	8,461	8,461
Total no. of new (including re-referred) child / adolescent referrals **offered** first appointment and seen	AND MH Monthly	7,503	7,824	7,824
No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	AND MH Monthly	5,088 68%	5,367 61%	 70%
ii). > 12 months	AND MH Monthly	720 9%	623 7%	0%
No. of cases closed / discharged by CAMHS service	AND MH Monthly	New PI	7,740	7,740
% of cases closed / discharged by CAMHS service	AND MH Monthly	New PI 80% of accepted referrals	109%	80%
Total no. on waiting list for first appointment at end of each quarter by wait time:	AND MH Quarterly	2,221 (reduce no. waiting by >5%)	1,856	1799 (reduce no. waiting by >5%)
i). < 3 months	AND MH Quarterly	802	646	624
ii). 3-6 months	AND MH Quarterly	570	460	452
iii). 6-9 months	AND MH Quarterly	570	462	365
iv). 9-12 months	AND MH Quarterly	---	New PI	358
v). > 12 months	AND MH Quarterly	277	288	0
% on waiting list for first appointment at end of each quarter by wait time i). < 3 months	AND MH Quarterly	---	35%	35%
ii). 3-6 months	AND MH Quarterly	---	25%	25%
iii). 6-9 months	AND MH Quarterly	---	25%	20%
iv). 9-12 months	AND MH Quarterly	---	New PI	20%
v). > 12 months	AND MH Quarterly	---	16%	0%
No. of suicides in arrears per CSO Year of Occurrence	NOSP Annually	New PI		
No. of repeat deliberate self harm presentations in ED	NOSP Annually	1,342 1% reduction on 2010		

Disability Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Day Services No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	AND Disabilities Bi-annually	1,393	1,613	1,578

Disability Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
No. of persons with ID and / or autism benefiting from work / work-like activity services	AND Disabilities Bi-annually	2,731	3,084	3,084
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	AND Disabilities Bi-annually	58	73	71
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	AND Disabilities Bi-annually	112	138	138
No. of Rehabilitative Training places provided (all disabilities)	AND Disabilities Monthly	2,624 New PI	2,627	2,627
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	AND Disabilities Monthly	2,915	2,991	2,991
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	AND Disabilities Bi-annually	14,077	12,430	12,430
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	AND Disabilities Bi-annually	3,924	2,581	2,581
Residential Services No. of persons with ID and / or autism benefiting from residential services	AND Disabilities Quarterly	8,350	8,416	8,416
No. of persons with physical and / or sensory disability benefiting from residential services	AND Disabilities Quarterly	894	708	708
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	AND Disabilities Quarterly	139,456	142,704	142,704
No. of persons with ID and / or autism benefiting from residential centre based respite services	AND Disabilities Quarterly	4,681	5,115	5,115
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	AND Disabilities Quarterly	6,461	14,092	13,782
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	AND Disabilities Quarterly	2,979	1,220	1,220
Personal Assistance Hours No. of PA hours used by persons with physical / sensory disability	AND Disabilities Quarterly	3.34m	1.68m	1.34m
No. of persons with physical and / or sensory disability benefiting from PA / Home Support hours	AND Disabilities Quarterly	15,387	11,571	11,571
Disability Act Compliance No. of requests for assessments received	AND Disabilities Quarterly	3,006	3,305	3,636
No. of assessments commenced as provided for in the regulations	AND Disabilities Quarterly	2,645	3,020	3,327
No. of assessments commenced within the timelines as provided for in the regulations	AND Disabilities Quarterly	2,645	2,199	3,327
No. of assessments completed as provided for in the regulations	AND Disabilities Quarterly	2,346	3,209	3,327
No. and % of assessments completed within the timelines as provided for in the regulations	AND Disabilities Quarterly	2,346	725	100%
No. of service statements completed	AND Disabilities Quarterly	2,346	2,252	2,828
No. of service statements completed within the timelines as provided for in the regulations	AND Disabilities Quarterly	2,346	1,205	2,828
Services for Children and Young People % progress towards signing off on local implementation plans for progressing disability services for children and young people	AND Disabilities	New PI	New PI	100%
PA Service Impact The differential in percentage of those experiencing a restriction in participation between those using and those requiring a PA service	AND Disabilities TBC	New PI	New PI	

Child Protection and Welfare Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
After Care Aftercare services to 18 – 21 year olds who have been assessed as needing aftercare, and wish to avail of it	Office of ND	New PI	New PI	Baseline to be established in 2012
Child Protection – Child Abuse i). No. of referrals of child abuse and welfare concerns	Office of ND Quarterly	To be reported in 2011	New PI	Demand led
ii). % of referrals of child abuse where a preliminary enquiry took place within 24 hours	Office of ND Quarterly	78%	New PI	95%
iii). % of referrals which lead to an initial assessment	Office of ND Quarterly	New PI	New PI	Demand led
iv). % of these initial assessments which took place within 21 days of the referral	Office of ND Quarterly	100%	New PI	Baseline to be established in 2012
v). % of initial assessments which led to the child being listed on the CPNS	Office of ND Quarterly	New PI	New PI	Demand led
Family Support Services No. of children referred	Office of ND Monthly	New PI	New PI	Baseline to be established in 2012
No. of families in receipt of a family support service	Office of ND TBC	New PI	New PI	
Residential and Foster Care No. and % of children in care by care type	Office of ND Monthly	5,985	6,215	6,526
i). Special Care	Office of ND Monthly	<0.2%	0.3%	0.3%
ii). High Support	Office of ND Monthly	<0.5%	0.5%	0.5%
iii). Residential General Care (Note: Include Special Arrangements)	Office of ND Monthly	<6.3%	6.5%	+-7%
iv). Foster care (not including day fostering)	Office of ND Monthly	60%	61.2%	59%
v). Foster care with relatives	Office of ND Monthly	30%	28.9%	30%
vi). Other care placements	Office of ND Monthly	3%	2.5%	3%
Children in private residential care (Note: Include special arrangements)	Office of ND	New PI	New PI	0%
Foster care private	Office of ND	New PI	New PI	1%
No. of children in single care residential placements	Office of ND Monthly	0	12	0
No. of children in residential care age 12 or under	Office of ND Quarterly	0	46	0
No. of children in care in third placement within 12 months (all care types)	Office of ND Quarterly	0	150	0
No. of children in care in third placement within 12 months (residential only)	Office of ND Quarterly	0	New PI	0
Children in Care in Education i). No. of children in care aged 6 to 16 inclusive	Office of ND Quarterly	New PI	4,158	4,365
ii). No. and % of children in care between 6 and 16 years, in full time education	Office of ND	100%	4,072 (97.9%)	100%
Allocated Workers No. and % of children in care who have an allocated worker at the end of the reporting period:	Office of ND Bi-annually	100%	93.1%	100%

Child Protection and Welfare Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
i). % of children in special care	Office of ND Monthly	100%	100%	100%
ii). % of children in high support	Office of ND Monthly	100%	93.5%	100%
iii). % of children in residential general care	Office of ND Monthly	100%	99.8%	100%
iv). % of children in foster care	Office of ND Monthly	100%	93.3%	100%
v). % of children in foster care with relatives	Office of ND Monthly	100%	91.2%	100%
vi). % of children in other care placements	Office of ND Monthly	100%	94.2%	100%
Care Planning No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995, at the end of the reporting period	Office of ND Monthly	100%	91.9%	100%
i). % of children in special care	Office of ND Monthly	100%	100%	100%
ii). % of children in high support	Office of ND Monthly	100%	100%	100%
iii). % of children in residential general care	Office of ND Monthly	100%	96.5%	100%
iv). % of children in foster care	Office of ND Monthly	100%	92.6%	100%
v). % of children in foster care with relatives	Office of ND Monthly	100%	89.7%	100%
vi). % of children in other care placements	Office of ND Monthly	100%	86.4%	100%
No. and % of children in care with an allocated worker	Office of ND Monthly	New PI	New PI	100%
Foster Carer Total no. of foster carers	Office of ND Quarterly	New PI	4,060	4,263
No. and % of foster carers approved by the foster care panel	Office of ND Quarterly	New PI	3,391 83.5%	3,837 (90%)
No. and % of relative foster carers where children have been placed for longer than 12 weeks whilst the foster carers are awaiting approval by the foster care panel, Part III of Regulations	Office of ND Quarterly	0%	New PI	Baseline to be established in 2012
No. and % of approved foster carers with an allocated worker	Office of ND Quarterly	100%	3,046 89.8%	100%
Children and Homelessness No. of children placed in youth homeless centres / units for more than four consecutive nights (or more than 10 separate nights over a year)	Office of ND Annually	New PI	New PI	Baseline to be established in 2012
No. and % of children in care placed in a specified youth homeless centre / unit	Office of ND Annually	New PI	New PI	Baseline to be established in 2012
Out of Hours No. of referrals made to the Emergency Out of Hours Place of Safety Service	Office of ND	New PI	377	395
No. of children placed with the Emergency Out of Hours Placement Service	Office of ND	New PI	257	270
No. of nights accommodation supplied by the Emergency Out of Hours Placement Service	Office of ND	New PI	523	549
Early Years Services No. of notified pre-school services in LHO area	Office of ND Monthly	4,461	4,841	4,841
% pre-school services which received an inspection	Office of ND	100%	59.0%	100%

Child Protection and Welfare Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
	Monthly			
No. and % of pre-schools that are fully compliant	Office of ND Quarterly	New PI	New PI	Baseline to be established in 2012
No. of notified full day pre-school services	Office of ND Quarterly	New PI	1,569	1,569
% of full day services which received an annual inspection	Office of ND Quarterly	100%	New PI	100%
No. of pre-school services in the operational area that have closed during the quarter	Office of ND Quarterly	New PI	New PI	Demand led
No. of pre-school complaints received	Office of ND Quarterly	New PI	New PI	Demand led
% of complaints investigated	Office of ND Quarterly	100%	New PI	100%
No. of prosecutions taken on foot of inspections in the quarter	Office of ND Quarterly	New PI	New PI	Demand led

Palliative Care				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Waiting Times Inpatient: i) Specialist palliative care Inpatient bed within 1 month	AND Acute Services Monthly	98.2%	98%	98%
ii) Specialist palliative care inpatient bed within 7 days	AND Acute Services Monthly	92%	91%	98%
Waiting Times Community Specialist palliative care services in the community (home care) provided to patients in their place of residence within 1 month (Home, Nursing Home, Non Acute hospital)	AND Acute Services Monthly	98%	97%	97%
Specialist palliative care services in the community (home care) provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital)	AND Acute Services Monthly	78%	79%	78%
Inpatient Units No. of patients in receipt of treatment in specialist palliative care inpatient units	AND Acute Services Monthly	326	349	349
No. of admissions to specialist palliative care inpatient units	AND Acute Services Monthly	2,617 New PI	2,865	2,865
No. of discharges, transfers from the specialist palliative care Inpatient i). Discharges	AND Acute Services Monthly	277	148	148
ii). Transfers	AND Acute Services Monthly	1,486	970	970
iii). Deaths	AND Acute Services Monthly	---	1,389	--
Community Home Care No. of patients in receipt of specialist palliative care in the community	AND Acute Services Monthly	2,851	3,026	3,026
Day Care No. of patients in receipt of specialist palliative day care services	AND Acute Services Monthly	277	320	320

Palliative Care				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Community Hospitals No. of patients in receipt of care in designated palliative care support beds	AND Acute Services Monthly	125	154	154
New Patients No. of new patients, seen or admitted to the specialist palliative care service (reported by age profile) i). Specialist palliative care inpatient units	AND Acute Services Monthly	120	174	174
ii). Specialist palliative care services in the community (home care)	AND Acute Services Monthly	605	645	645

Social Inclusion				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Methadone Treatment No. of clients in methadone treatment (outside prisons)	National Lead SI Monthly	8,500	8,622	8,640
No. of clients in methadone treatment (prisons)	National Lead SI Monthly	500	564	520
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	National Lead SI Quarterly	1,350	1,025 (95.8%)	1,260 (100%)
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	National Lead SI Quarterly	100%	1,025 95.8%	
No. and % of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment	National Lead SI Quarterly	100%	86 100%	105 (100%)
Homeless Services No. of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	National Lead SI Quarterly	New PI for 2011 75%	1,346 81%	1,346 (75%)
No. and % of service users admitted to homeless emergency accommodation hostels/ facilities whose needs have been formally assessed within one week	National Lead SI Quarterly	---	New PI for 2012	80%
No. and % of service users admitted to homeless emergency accommodation hostels/ facilities who have a written care plan in place within two weeks	National Lead SI Quarterly, commencing Q2	---	New PI for 2012	80%
Needle Exchange No. of pharmacists recruited	National Lead SI	---	New PI for 2012	45 in Q1 65 in Q3
Traveller Health Screening No. of clients to receive national health awareness raising/screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through Traveller Health Units/Primary Care health projects.	National Lead SI Bi-annually	---	New PI for 2012	1,650
Health Inequalities No. of hospitals implementing a structured programme to address health inequalities (as outlined in the HSE Health Inequalities Framework and specified in this metric)	AND EH	New PI for 2012	New PI for 2012	
No. of PCTs implementing a structured programme to address health inequalities (as outlined in the HSE Health Inequalities Framework and specified in this metric)	AND EH	New PI for 2012	New PI for 2012	

Governance				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity / Target 2011**	**Projected Outturn 2011**	**Expected Activity / Target 2012**
Quality and Patient Safety Audit Service (QPSAS) % of QPSAS audits commenced as specified in annual QPSAS strategic plan	ND Quality and Patient Safety Quarterly	100%	100%	100%
% of QPSAS audits completed within the timelines agreed in approved QPSAS audit plans	ND Quality and Patient Safety Quarterly	75%	85%	90%
% of audit recommendations from final QPSAS audit reports tracked within timelines	ND Quality and Patient Safety Quarterly	New PI 2012	New PI 2012	100%
% of QPSAS audits incorporating structured service user involvement	ND Quality and Patient Safety Quarterly	New PI 2012	New PI 2012	50%
Service Level Agreements Agencies with whom the HSE has a Service Arrangement (Part 1) / Grant Aid Agreement and completed Schedules (Part 2) in place: (a) % of agencies	AND ISD Quarterly	100%		100%
(b) % of funding	AND ISD Quarterly	100%		100%
Parliamentary Questions % of Parliamentary Questions dealt with within 15 days	ND Communications Quarterly	75%	75%	75%
Complaints % of complaints investigated within legislative timeframe	ND Quality and Patient Safety Quarterly	75%	75%	75%
% reviews conducted and concluded within 20 working days of request being received (*Health Act 2004 (Complaints) Regulations*)	ND Quality and Patient Safety Monthly	75%	76%	75%
Finance and HR Variance from budget under: i). I&E				0%
ii). Income collection				0%
iii). Pay				0%
iv). Non pay				0%
Absenteeism rates	AND HR	3.5%	4.75%	3.5%
Variance from approved WTE ceiling				0%

Capital Projects by Care Group / Programme 2012

Appendix includes capital projects that are:

- Completed in 2011 or earlier years but did not become operational in 2011
- Due to be built and / or completed in 2012
- Projected to become operational in 2012

Care Group	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2012 Implications	
							2012	Total	WTEs	Revenue Costs €m
West										
Critical Care	Mid West Regional Hospital, Limerick	Provision of a new critical care block linked directly to the main theatre block. To provide 12 ICU, 14 HDU and 16 CCU beds. Includes two floors (shell only) and car parking underneath.	Q2	Q2	0	24	17	35	0	0
Acute	Ennis General	Ward block replacement	Q1	Q2	0	50	0.58	7.0	0	0
Paediatric care	University Hospital, Galway	Neo natal upgrade	Q1	Q1	3	14	0.7	2.6	0	0
Acute	Mayo	Upgrade/replacement of fire detection system	Q1	Q1	0	0	0.12	0.292	0	0
Acute	Sligo	Replacement radiology equipment	Q1	Q1	0	0	0.1	1.6	0	0
Medical Block	Letterkenny	New medical block including ED, 19 bays and Acute Assessment Unit, 11 bays, plus three x 24 bed wards.	Q1	Q1	0	72	2	22	No	No
Ambulance	Tipperary Nth (Thurles)	New ambulance station	Q3	Q4	0	0	0.7	1.1	0	0
Ambulance	Tipperary North (Nenagh)	New ambulance station	Q4	Q4	0	0	0.9	1.1	0	0
Ambulance	Galway (Tuam)	New ambulance station	Q3	Q3	0	0	0.95	1.1	11* Govt commitment	1*
Mental Health	Ballinasloe	Provision of high support hostel accommodation for residents (x12) with intellectual disability currently on St Brigid's Hospital campus	Q4	Q4	0	12	1	2.4		0
PCCC	Ballybofey	Phase 1 – Refurbishment of St. Joseph's ward, St. Conal's, Stranorlar as Local Area Headquarters.	Q3	Q4	0	0				

Abbreviations

ACS	Acute Coronary Syndrome
ALOS	Average Length of Stay
AMP	Acute Medicine Programme
AMU	Acute Medical Unit
ASIST	Applied Suicide Intervention Skills Training
bn	billion
CAMHS	Child and Adolescent Mental Health Services
CCU	Coronary Care Unit
CHAIN	Contact, Help, Advice and Information Network
CIT	Community Intervention Team
CMH	Central Mental Hospital (National Forensic Hospital)
CMHT	Community Mental Health Team
CMOD	Centre for Management and Organisation Development
COPD	Chronic Obstructive Pulmonary Disease
CPNS	Child Protection Notification System
CSII	Continuous Subcutaneous Insulin Infusion
CSO	Central statistics Office
CSSD	Central Sterile Services Department
DML	Dublin Mid Leinster
DNA	Did Not Attend
DNE	Dublin North-East
DoH	Department of Health
DRG	Diagnosis Related Group
DTSS	Dental Treatment Services Scheme
ED	Emergency Department
EIP	Early Intervention in Psychosis
EMP	Emergency Medicine Programme
EPIC	Empowering People in Care
GMS	General Medical Services
GP	General Practitioner
HCAI	Health Care Associated Infection
HCP	Home Care Package
HDU	High Dependency Unit
HIQA	Health Information Quality Authority
HPV	Human Papilloma Virus
HRB	Health Research Board
HSCN	Health and Social Care Network
HSE	Health Service Executive
HTA	Health Technology Assessment
ICGP	Irish College of General Practitioners
ICP	Irish Council for Psychotherapy
ICT	Information and Communication Technology
ICU	Intensive Care Unit
ID	Intellectual Disability
IHR	International Health Regulations
INMO	Irish Nurses and Midwives Organisation
ISA	Integrated Service Area
ISQSH	Irish Society for Quality and Safety in Healthcare
KPI	Key Performance Indicator
LGBT	Lesbian, Gay, Bisexual and Transgender
LHO	Local Health Office
m	million
MDT	Multi-Disciplinary Team
MMR	Measles, Mumps, Rubella vaccine
NAS	National Ambulance Service
NCCP	National Cancer Control Programme
NCRI	National Cancer Registry of Ireland
NCSS	National Cancer Screening Service
NHSS	Nursing Homes Support Scheme
NSP	National Service Plan
NSTE ACS	Non-ST Segment Elevation Acute Coronary Syndrome
OPAT	Outpatient Antimicrobial Therapy
OPD	Outpatient Department
OT	Occupational Therapy
PCI	Percutaneous Coronary Intervention
PCRS	Primary Care Reimbursement Service
PCT	Primary Care Team
PFG	Programme for Government
PHECC	Pre-Hospital Emergency Care Council
PHN	Public Health Nurse
PI	Performance Indicator
PSI	Psychological Society of Ireland
PTS	Patient Transport Service
QA	Quality Assurance
SARI	Strategy for the control of Antimicrobial Resistance in Ireland
SCAN	Suicide Crisis Assessment Nurse
SDU	Special Delivery Unit
SPR	Specialist Registrar
STEMI	ST Elevation Myocardial Infarction
THU	Traveller Health Unit
UHI	Universal Health Insurance
VER	Voluntary Early Retirement
VRS	Voluntary Redundancy Scheme
WHO	World Health Organisation
WTE	Whole Time Equivalent

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